

MALIKA KAPADIA, PSY.D.
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PSYCHOTHERAPY PRACTICE
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Name _____ Date _____

Contact Information

Street Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Email _____ Cell/pager, etc _____

Can messages be left for you at home? Yes No At work? Yes No On your cell? Yes No

How do you prefer to be contacted? (circle all that apply)

Home phone Work phone Email Cell phone Other

Emergency contact information:

Name _____ Phone number _____

Relationship _____

Personal Information

Date of birth _____ Social Security # _____

Marital status: _____ Partner/spouse's name _____

Occupation _____ Employer _____

What is your highest level of completed education? _____

Who lives at home with you? _____

Type of insurance _____ Insurance # _____

Primary insurance holder (i.e., self, spouse) _____

Employer of primary insurance holder (if not self) _____

Medical Information

Current medications _____

Who prescribes your medication? _____

Primary care physician _____

OB/GYN _____

Any current medical concerns? _____

Medical history: _____

Do you smoke? Yes No If yes, how much per day? _____

Do you drink alcohol? Yes No
If yes, how many times a week? _____ How many drinks at a time? _____

Do you use other drugs or abuse prescription drugs? Yes No
If yes, what kind? _____

How often and how much? _____

Do you have an advance directive (e.g., health care proxy, living will, DNR) Yes No
If no, would you like to discuss advance directives with me? Yes No

Family Information

Please complete for all members of your family, **including yourself**. Circle your own rank among the siblings (1st, 2nd, 3rd, etc.).

	Relationship	Marital Status	Living or Deceased	Age	Sex	Occupation	Education
Family of Origin	Parent 1						
	Parent 2						
	Parent 3						
	Parent 4						
Current Family	1st Sibling						
	2nd Sibling						
	3rd Sibling						
	4th Sibling						
Current Family	Spouse/ Partner						
	1st Child						
	2nd Child						

Psychological Information

Have you been in therapy before? Yes No

If yes, where/with whom? _____

Who referred you to me? _____

Please briefly describe your current concerns in the space below.