Jennifer Goldin, Ph.D.
PALM BEACH WOMEN'S COUNSELING, P.A.

Patient Information

Name: _____Age: _____ Date of Birth:_____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Emergency Contact Name: _____

Relationship to You: _____Phone: (Home) _____

(Work)_____ (Cell) _____

Marital Status: □ Single □ Married □ Partnered □ Separated □ Divorced □ Widowed

Obstetrical History:

Do you have any children?

Their ages: _____

Have you ever had a pregnancy loss **Y** **N**

If so, please explain _____

_____

Your Occupation (if applicable): _____Place of Work: _____

□ Full time □ Part Time □ Unemployed □ Retired

Referred by: _____May I thank them? □ Yes □ No

I authorize psychological consultation and treatment by Jennifer Goldin, Ph.D.

10625 N. Military Trail, Suite 206
Phone 561.371.9522

Jennifer Goldin, Ph.D.
PALM BEACH WOMEN'S COUNSELING, P.A.

I understand that Dr. Goldin works on a fee-for-service basis and that payment is due in full at the time of service unless otherwise specified. I understand that I am responsible for all charges, regardless of insurance coverage*. I understand that I am financially responsible for missed appointments or those cancelled within 24 business hours*.

I understand that I can submit my bill to my insurance company for reimbursement, but all payments must be sent to me, the insured. It is not guaranteed that the insurance company will reimburse for any services rendered.

Patient Signature: _____Date:_____

Psychological History

Have you ever been in therapy before: Y N
If yes, when? For what issues?

_____

Whom did you see? Did you find it helpful?

_____

Medications (and doses if known):

_____

_____

Date of last physical exam: _____

Are you physically active? □ Yes □ No

Describe:_____

At any time in your life have you thought about hurting or killing yourself? □ Yes □ No

Did these thoughts include a plan or serious intent? If so, when and what are some of the details?

_____

_____

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Please describe briefly your reasons for seeking psychological consultation at this time

_____

_____

_____

What do you hope to get out of this consultation?

_____

_____

Is there any information that you think it would be helpful for me to know?

_____

_____

Client Signature Date

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