

Sharene Garaman, Psy.D.

Biographical, Medical & Lifestyle Information

BIOGRAPHICAL

Date: _____

Name: _____ Birthdate _____

Address: _____

Home Phone and/or Cell: _____

Email or cell number to confirm appt times: _____

Occupation: _____

Degree/Highest Grade: _____

Marital Status: _____

Spouse/Partner Name if Applicable: _____

Children's name(s) and ages if applicable: _____

Siblings names and ages: _____

Emergency Contact and Phone: _____

HEALTH

Family Physician Contact Info: _____

All prior hospitalizations, surgeries, and injuries (medical reason and approx. dates). **Please use back of page if needed.**

Current health concerns:

Current prescribed medications and doses: _____

Have you ever been in therapy before? YES NO When? _____

Have you ever been prescribed psychiatric medications? If yes, approx. date and for what reason?

Please list any over the counter medication: _____

LIFESTYLE

Recreational drug use, please list, if any: _____

Approx. how many alcoholic drinks, including beer and wine, do you have per week? _____

Have you ever smoked and for how long? _____

General Health: Excellent Good Average Poor

On average, how many hours of sleep do you get every night:

8 or more 6 or more Less than 6

Do you exercise? Yes No If yes, approx. how many minutes/week? _____

Do you have any pets? _____

Do you practice relaxation exercises/mindfulness/meditation? Yes No

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