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*First Session Client Information Form*

Date \_\_\_\_\_

Name \_\_\_\_\_  
                    First                                      Middle                                      Last

SS# \_\_\_\_\_      DOB \_\_\_\_\_      Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_      May I leave a message? (please circle)    Yes    No

Cell Phone \_\_\_\_\_      May I leave a message? (please circle)    Yes    No

E-mail \_\_\_\_\_      May I email you? (please circle)            Yes    No



Sex/Gender \_\_\_\_\_      Race/Ethnicity \_\_\_\_\_

What is your relationship status? (please check)

\_\_\_\_\_ Single            \_\_\_\_\_ Significant Relationship            \_\_\_\_\_ Married/Partnered  
\_\_\_\_\_ Separated        \_\_\_\_\_ Divorced    \_\_\_\_\_ Widowed  
\_\_\_\_\_ Other: (please specify) \_\_\_\_\_

Do you have children? : (please circle)    Yes    No      Ages: \_\_\_\_\_

Please describe any disabilities or illnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Are employed outside the home? \_\_\_\_\_      Job title \_\_\_\_\_

Student? \_\_\_\_\_      College/University and major? \_\_\_\_\_



Are you currently being seeing by a psychiatrist or another psychologist?    If so, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about my practice? Please list name and contact information. \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_

**COPING**

What strategies do you use to reduce stress? \_\_\_\_\_

\_\_\_\_\_

Please list your greatest strengths. \_\_\_\_\_

\_\_\_\_\_

Please list one or more individuals who can assist you in some way in time of need. \_\_\_\_\_

\_\_\_\_\_

Please describe your self-care habits, including nutrition, stress management, exercise & sleep.

\_\_\_\_\_



**SYMPTOM CHECKLIST**

The symptoms below follow into several categories. Please read over the list carefully and check the items that apply to you. If any of the symptoms are particularly troubling to you, please circle your mark to indicate increased severity.

**Emotional Functioning**

- Aggression, violence
- Anger, hostility, irritability, easily frustrated
- Anxiety, nervousness, panic
- Depression, low mood, tearfulness
- Emptiness
- Fears/phobias \_\_\_\_\_
- Feelings of inferiority
- Flashbacks of traumatic event(s)
- Grief and loss
- Guilt
- Helplessness/powerlessness
- Hopelessness
- Hyperactivity (extremely high energy)
- Hypersensitivity (easily hurt or upset; feel things very deeply)
- Hypervigilance (constantly on high alert, jumpy and reactive)
- Impulsive outbursts
- Loss of interest/motivation
- Loneliness

- Mood swings
- Nightmares or distressing dreams
- Numb feelings/no feelings
- Pessimism, negativity
- Stress
- Sudden change in behavior
- Withdrawal from others, isolation

**Interpersonal Functioning**

- Assertiveness
- Dependence on others
- Difficulty connecting with others
- Difficulty leaving the house
- Problems with friends, relatives, or coworkers
- Problems in romantic relationship(s), including commitment or intimacy issues
- Self-esteem or self-confidence
- Oversensitivity to criticism or rejection

**Cognitive Functioning**

- Attention span/concentration problems
- Confusion & thought disorganization
- Decision-making, indecision, avoidance
- Delusions (false ideas)
- Memory problems
- Poor decision-making
- Risky behavior
- Suspiciousness/paranoia

**Family or Legal Problems**

- Addictions of family members: \_\_\_\_\_
- Caretaking concerns (e.g., of elders)
- Marital
- Parenting
- Other family stressors: \_\_\_\_\_
- Financial concerns
- Legal matters/judicial/police/court actions
- Criminal charges or suits

**Gender and Sexuality Concerns**

- Discrimination related to sex, gender, gender identity, or sexual orientation
- Sexual functioning
- Sexual harassment/exploitation
- Sexual health
- Sexual risk-taking
- Sexual satisfaction

**Beliefs/Values and Spiritual/Religious Concerns**

- Confusion about beliefs, values, religion, or spirituality
- Sense of foreshortened future
- Other: \_\_\_\_\_

**School & Work Functioning**

- Academics—performance/study skills
- Adjustment to college
- Career/job dissatisfaction
- Career goals and decisions, career transitions
- College major indecision or dissatisfaction
- Employment/Unemployment
- Procrastination in school or work
- Trouble keeping a job

**Addictions and Obsessions/Compulsions**

- Alcohol use or abuse
- Counting
- Disordered eating behaviors (restricting, bingeing, purging, overeating, overexercising)
- Extreme focus on body or body image
- Dieting/exercise
- Drug use (including prescription and over-the-counter meds, and illegal drugs)
- Gambling
- Hoarding
- Love addiction
- Perfectionism
- Pornography
- Sex addiction
- Spending
- Shoplifting
- Smoking or tobacco use
- Workaholism/overworking
- Other \_\_\_\_\_

**Harm to Self or Other**

- Suicidal thoughts (please describe) \_\_\_\_\_
- \_\_\_\_\_
- Suicidal action/attempt (please describe) \_\_\_\_\_
- \_\_\_\_\_
- Homicidal thoughts/actions (please describe) \_\_\_\_\_
- \_\_\_\_\_
- Thoughts of self-injury \_\_\_\_\_
- \_\_\_\_\_
- Self-injury behaviors \_\_\_\_\_
- \_\_\_\_\_

**Trauma/Abuse (past or present)**

- Bullying
- Childhood abuse or neglect (verbal, emotional, physical, psychological, sexual)
- Exposure to family violence
- Exposure to animal cruelty
- Psychological abuse/torture
- Relationship/domestic violence
- Sexual assault/unwanted sex
- Sexual harassment/exploitation, including stalking/cyberstalking
- War/military conflict exposure

Please list any other exposure to violence/abuse/trauma. \_\_\_\_\_

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Any current crisis situations? \_\_\_\_\_

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Have you ever been hospitalized for psychological reasons? If so, please describe.

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If you would like to elaborate on any of the items in the symptom checklist, please do so here.

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Is there anything else you would like me to know at this time? \_\_\_\_\_

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*Thank you for taking the time to complete this form.*



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