

Adrienne Camero-Sulak, Psy.D.
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Information about you:

Last Name _____ First Name _____

Birth Date _____ Age _____ Social Security # _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email (if you want) _____

Automobile Make, Model, & License Plate Number _____

Employer _____

Insurance Carrier _____

Other Information:

Brief statement of presenting problem

Referred by: _____

History of previous therapy (please list all previous contact with mental health professionals, including hospitalization and medications, using back of sheet as necessary)

Name	Dates	Reason(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

History of psychiatric medications. Please list all, including dosages, dates of usage, and general response.

Drug	Dates of use. Current?	Response/reason for discontinuing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently involved in a lawsuit or workers compensation claim? YES NO

If yes, please provide details on the back.

Your signature _____ Date _____

Witnessed by _____ Date _____