



mind



body



soul

Heidi Rimer Cherwony, Psy.D., P.A.

Licensed Clinical Psychologist

BASIC INFORMATION

Name: _____

Date: _____

DOB: _____

Marital Status: _____

Gender: _____

Ethnicity: _____

Age: _____

Highest Degree: _____

Current Employer: _____

Occupation: _____

Home Address:

Home Phone _____

Okay to leave message Y N

Cell Phone _____

Okay to leave message Y N

Work Phone _____

Okay to leave message Y N

Emergency Contact Numbers: _____

Relation to client _____

Who may I thank for referring you to my office?

Primary Care Physician including phone#

Current Medications: Include name, dosage and name of person prescribing

2200 NW Corporate Blvd, Suite 311, Boca Raton, FL 33431; Phone: (561) 699-4639; 10800 N. Military Trail, Suite 213, Palm Beach Gardens, FL 33410

www.mindandbodydoctor.com

In your own words, please describe the reason that you are seeking out services/an evaluation.

How long have you been feeling this way or concerned and what made you decide to come in at this time?

Please mark any that apply to you:

- | | | |
|------------------------------|--------------------------------------|---------------------------|
| Sleep difficulties | Eating/appetite concerns | Depressed Mood |
| Anxiety | Feeling Overwhelmed | Stress |
| Significant fear | Low energy | Excessive energy |
| Panic/anxiety Attacks | Postpartum Depression/Anxiety | OCD symptoms |
| Social concerns | Withdrawal | Parenting concerns |
| Binge eating | Food restriction | Laxative Use |
| Suicidal Ideation | Suicidal Intent/Plan | Hopelessness |

Have you ever been hospitalized for psychiatric reasons? If yes, please state incident and dates.

Do you drink alcohol more than once per week? If so, how often and how much?

Do you smoke? _____

Do you use any recreational drugs? If so, how often and what type?

Please share any other information that you feel would be helpful for Dr. Cherwony to know about you at this time.