

# GO TO SLEEP SAN DIEGO - Client Information Form\*

Today's date: \_\_\_\_\_

## A. Basic information

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

How do you prefer to be addressed? \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

**B. Referral source** : How did you learn about Dr. Lin or Go to Sleep San Diego? \_\_\_\_\_

Name of person who referred you: \_\_\_\_\_ Phone: \_\_\_\_\_

May I have your permission to thank this person for the referral? (please circle) Yes No

How did this person explain how I might be of help to you? \_\_\_\_\_

## C. Communities, Identification and Background

Do you identify with any organized religion? If so, what religion? \_\_\_\_\_

How important are spiritual concerns in your life? \_\_\_\_\_

Nationality: \_\_\_\_\_ Racial and Ethnic identities: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Other communities with which you identify and consider important to you: \_\_\_\_\_

## D. Medical Information

Please list any **medical problems** you are currently experiencing or have been dealing with on an ongoing basis:

Please list any **current medications** you are currently taking:

Name	Dose	Frequency	Condition the medication treats
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**F. Stressors** - Please list any **traumatic or upsetting experiences** that have caused you significant stress and suffering:

**G. Coping Skills** - When facing everyday stresses, what activities or habits do you engage in to cope?

**H. Social support** - When you are feeling down or stressed out, do you talk to anyone? If so, who?

\*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law. Please do NOT email this information.