Ronald C. Naso, Ph.D., ABPP, LLC
Diplomate, American Board of Professional Psychology
Specialty Board Certification in Psychoanalysis
Fellow, Academy of Psychoanalysis
Fellow, American Psychological Association
Licensed Clinical Psychologist
Faculty, Derner School of Psychology, Adelphi University

Suite 504B, Summer St.
Stamford, CT 06905

Tel: 203 325-3661
Fax: 203 548-9847
Email: rnaso@ronaldnaso.com
Website: www.ronaldnaso.com

PERSONAL INFORMATION

Full Name: _____ Date: _____

Date of Birth: _____ Age: _____ Sex: ☐Male ☐Female

Address:

_____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Referred By: _____

IN CASE OF EMERGENCY

Name: _____

Contact No: _____ Relationship to patient: _____

FAMILY HISTORY

☐YES ☐NO Has anyone in your family (blood relative) suffered from emotional, problems, nervous problems, depressions or other stress conditions? If so, please list the family member(s) and briefly describe the problem.

_____

_____

_____

_____

☐YES ☐NO Has anyone in your family (blood relative) had problems with alcohol? If so, please list the family member(s) and briefly describe their problem.

_____

_____

_____

_____

☐YES ☐NO Has anyone in your family (blood relative) had problems with drugs?
If so, please list the family member(s) and briefly describe the problem.

_____
_____
_____
_____

☐YES ☐NO Do any medical problems run in your family?
If so, please list briefly and describe these problems.

_____
_____
_____
_____

☐YES ☐NO Has anyone in your family ever attempted or committed suicide?
If so, please list briefly and describe the incident.

_____
_____
_____
_____

FATHER

How old is your father? _____ How many times was he married? _____

If he is deceased, when did he die?

_____

What was the cause of his death?

_____

How much education did he have?

_____

What type of work did he do?

_____

What was your father like when you were growing up? _____

_____
_____
_____

What type of relationship did you have with your father? _____

_____
_____
_____

MOTHER

How old is your mother? _____ How many times was she married? _____

If she is deceased, when did she die?

_____

What was the cause of her death?

_____

How much education did she have?

_____

What type of work did she do?

_____

What was your mother like when you were growing up? _____
_____
_____
_____

What type of relationship did you have with your father? _____
_____
_____
_____

SIBLINGS

How many brothers do you have? _____ Sisters? _____

How old is the oldest sibling? _____

How old is the youngest sibling? _____

PERSONAL HISTORY

State your birthdate: _____/_____/_____ Where were you born? _____

Please list *in order* all the cities and states in which you have lived and include the number of years (or age) you resided in each city.

Year(s):	City/State:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please circle the type of **socioeconomic environment** in which you grew up.

poor lower middle class middle class upper middle class wealthy

☐YES ☐NO Did you suffer from any traumatic experiences as a child?
If so, please describe these.

_____
_____
_____
_____

☐YES ☐NO Did you have any juvenile behavioral problem(s)?
Please check any problem(s) that you have experienced.

☐Running Away	☐Skipping School	☐Fire Setting
☐Fighting	☐Shoplifting	☐ Juvenile Court Difficulties
☐Lying	☐Cruelty to Animals	☐Drug or Alcohol Problems

EDUCATION

Highest grade that you completed 1st through 12th grades: _____

☐YES ☐NO Do you have a high school diploma? School: _____

☐YES ☐NO Do you have a GED? Year obtained: _____

☐YES ☐NO Do you have technical school training? Trained in: _____

☐YES ☐NO Have you attended college? Years completed/credits earned: _____

☐YES ☐NO Have you earned a college degree? School: _____

☐YES ☐NO Do you have graduate training? School: _____

SOCIAL HISTORY

Please indicate your **sexual preference**: _____

How many **serious relationships** have you had in which both of you were in love with one another? _____

☐YES ☐NO Were you ever abused? If so, how?:
Physically Sexually Emotionally

Please circle your **Marital Status:**

Single Married Widowed Separated Divorced

How many times have you been married? _____

Please list the name of your spouse or significant other: _____

What is the age of this individual? _____

How much education does this individual have? _____

What type of work do they do? _____

☐YES ☐NO Is this relationship going well?

☐YES ☐NO Are there any problems?

☐YES ☐NO Do you have children? If so, how many? _____
What age(s) is(are) your child(ren)? _____

☐YES ☐NO Are you having any problems with your child(ren)?
If so, please specify which child(ren) and explain the problem(s).

OCCUPATIONAL HISTORY

☐YES ☐NO Have you ever been in the Armed Forces? If so, what were the years of your enlistment? _____
Which branch? _____

Please list your jobs, starting with the **first** job and going **through** to your **most recent** job. Also list next to each job how many years you were employed in that position.

Year(s):	Company Name/Place of Employment:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRESENT LIVING SITUATION

Where do you presently live? _____
With whom do you live? _____
What are your religious beliefs? _____

List your hobbies and social interests.

_____
_____
_____
_____
_____
_____
_____

What are your future plans?

_____
_____
_____
_____
_____
_____
_____

SUBSTANCE USE HISTORY

☐YES ☐NO Do you smoke or have you smoked cigarettes? If so, how much? Have you quit? _____

☐YES ☐NO Do you drink or have you drank alcohol? If so, how much? Have you quit? _____

☐YES ☐NO Do you use or have you used drugs? Have you quit using drugs?
If you still use drugs, complete the following list:

Drug(s)	How Much?	How Often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐YES ☐NO Have you ever been involved in a substance abuse, alcohol treatment or detoxification program? If so, please describe when and where.

Years	Facility
_____	_____
_____	_____
_____	_____

MEDICAL HISTORY

Please list any medical problems that you have and when these conditions were diagnosed or discovered.

Date Diagnosed/Discovered	Medical Problem(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list all operations that you have had starting with any operations that you may have had as a child. Also list when these procedures were performed.

Year/Age	Operation(s)

Please list any allergies to medications that you have experienced.

_____
_____
_____
_____
_____

☐YES ☐NO Have you ever had a head injury in which you were knocked unconscious? If so, please list your age at the time of the injury and how long you were unconscious.

Year/Age	Time Unconscious	Injury

☐YES ☐NO Have you ever had a seizure (an epileptic-type fit)?

Please list all your present medications. Include the amount (milligrams), how often you take it, how long you have taken it and the doctor who prescribes it.

Medication	Amount(Mg)	How Often?	How long taking?	Prescribing Doctor

PSYCHIATRIC HISTORY

☐YES ☐NO Have you ever received any psychiatric, psychological, emotional treatment/counseling or hospitalization in the past? If so, list the year(s) or your age when this treatment was provided and how often the treatment was provided.

Year(s)/Age	Treatment Provider (Dr./Place)	Frequency	Required Hospitalization?

☐YES ☐NO Have you ever been prescribed psychiatric medicines (like an antidepressant or nerve pill?)

Year(s)/Age	Medication	How Often?