

LAURA THOMAS, PH.D.

Patient's Name: _____ Date: _____

Address: _____

Street No. _____ City _____ Zip code _____
Telephone: Home: () _____ Work: () _____ Cell: () _____

Birth Date: _____ Patient's Sex: Male _____ Female _____

Social Security No.: _____ Driver's License No.: _____

Marital Status: _____ Partner or spouse's name: _____

Referred by: _____

If yellow pages; is it (Circle One): ATT? Or, Verizon?

If internet; did you find my office on the: (circle one) Psychology Today Website
Or, local online yellow pages? Or, a Yahoo search? Or, a Google search? Other? ____

Employer: _____

Address: _____

Street No. _____ City _____ Zip code _____

Person to contact in case of emergency: _____

Name _____ relationship _____

Address _____ Phone No. _____

Physician's Name: _____ Phone No.: () _____

Address: _____

Street No. _____ City _____ Zip code _____

May I have your permission to contact your physician? _____

If yes, please sign

I am currently under care by a physician for the following medical conditions:

I am currently on the following medications and dosages:

Please tell me about your mental health history:

Please tell me why you have come today; the things you would like to address with Dr. Thomas;
your areas of greatest difficulty; and what you would most like to work on:

CONSENT FOR TREATMENT

I/We hereby give consent to receive psychological treatment for _____ or for my
minor child _____. I recognize that at any time I may inquire as to the nature and
purpose of the treatment process and that my active participation in my own treatment will help ensure a
desirable outcome. I further understand that I may refuse any inquiry or treatment for any reason should I so
desire.

I further recognize and understand the legal responsibilities of Dr. Thomas to report any and all suspected or
confirmed reports of elder or child abuse in any form to the appropriate authorities. Additionally, any reports
that I (or my minor child) intend to harm myself or her/himself or to harm another person must likewise be
reported.

Signature Date