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Please complete the information below that applies to you. If anything is unclear, please feel free to discuss this with me.

Your name _____ date _____

Your preferred gender pronoun _____ (e.g. her/him/their)

Date of birth _____

Street address _____

City _____ State _____ Zip _____

Home phone _____ ok to call? _____

Cell phone _____ ok to call? _____

Work phone _____ ok to call? _____

Email _____

Employer/School _____ Current occupation _____

Emergency contact _____ (phone) _____

Relationship to you _____

Medical history:

Current medical concerns _____

Past medical concerns _____

Current psychiatric medications _____

Current non-psychiatric psychiatric medications (name, dosage)

Primary care physician
Name _____ date last seen _____

Phone # _____ fax # _____

Treating psychiatrist (person who prescribes psychiatric medication if different from primary MD)

Name _____ date last seen _____

phone _____ fax # _____

Please place a check by any area that pertains to you. Leave blank any area that does not apply to you:

Concerns about your body or physical health	
Thoughts or behaviors you do over and over again	
Unusually high energy	
Feel sad, having low energy, depressed	
Anxiety, "nervous", tense	
Fears of things or places	
Anger, hostility, or irritability	
Belief that others want to hurt you	
Drinking alcohol or using drugs	
Unreal strange or worrisome thoughts	

If you have experienced concerns in any of the following areas, please place a check. Leave blank any area that does not apply to you:

On your job/at school	
In your marital/intimate relationship	
In your family of origin relationships	
With your children	

With your close circle of friends/chosen family	
With other relationships	

Legal:

Do you have any legal issues, present or past? If so, please briefly describe (beginning with most current).

Social support:

Who is your current support system (friends, family, teachers, sponsor, etc)?

Are there organizations or community activities that you are involved in that you find supportive to you?

Family history:

How would you describe your relationship to your family?

Do you have siblings? If so, how many brothers, sisters?

Is there a history of mental health or addiction problems in your family? If so, please briefly describe.

Have there been any major crises in your family? If so, please briefly describe.

Trauma history:

Please check any area below that may apply to you.

Childhood history of physical abuse	
Childhood history of sexual abuse	
Childhood history of emotional abuse	
Experience of domestic violence	
Witness to/victim of violent crime	

Victim of natural disaster	
Direct war or combat experience	
Serious automobile/transportation accident	
Victim of minority oppression (racism, homophobia, sexism)	
Perpetrator of abuse/violent crime	
Other	

Marital/relationship history?

Please briefly describe significant relationships to intimate others (including current partner, if applicable), length of relationship, strengths, and circumstances for ending.

Please describe primary sources of struggle in your current intimate relationship, how struggles are handled, and what for you is a preferred future path of the relationship?

Experience with psychotherapy:

Can you briefly describe your main reason for psychotherapy at this time?

Briefly describe each prior course of psychotherapy, if applicable. Including presenting concern and nature of the conclusion of the therapy.

What is your biggest concern about beginning psychotherapy at this time?

Is there anything else that you would like me to be aware of?