

Heidi S. Lack, Ph.D., A.T.R.-BC

Licensed Psychologist

Health Service Provider

Registered, Board certified Art Therapist

BIOGRAPHICAL INFORMATION

NAME: _____ **M/F/T/Non-binary Pronouns:** _____

D.O.B.: _____ **Age:** _____ **DL/SS#** _____ **DATE:** _____

TELEPHONE: H : _____ **W:** _____ **C:** _____

ADDRESS: _____

Occupation/Position: _____ **E-Mail:** _____

Referred By _____ **or How you heard of this practice:** _____

Person To Call/Text In Emergency: _____ **Contact No.** _____

Relationship _____ **Check to consent to communicate with emergency contact**

Presenting Problem-Reason for seeking evaluation/treatment:

Marital/Partnership Status: _____ **Former/Present Marriage(s)/Partnership (Years):** _____

Spouse/Partner's Name: _____ **Age:** _____ **Occupation** _____

Children/Step (Names/Ages) : _____

Siblings (Names/Ages): _____

Parents/Step-Parent(s) (Ages or Year of Death): _____

Medical Doctor(s): _____ **Phone:** _____

Date and result of Last Exam: _____

Past/Present Medical Care (Specify: Major Problems, Hospitalizations, Current Medications with dosage):

Past/Present Counseling/Psychotherapy/Hospitalization SI: _____

Past/Present Addiction Use/Abuse (AA/NA/OA/MA Etc.):
Alcohol/Marijuana/Tobacco/Food/internet/Vaping/Oxy-Benzos/Self-Injury Other

Family History of ADHD, Mental Illness, Giftedness, Sensory Processing issues, Substance abuse:
