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Initial Information Form

Welcome. I appreciate your entrusting me to work with you and look forward to meeting with you soon. Please complete this form and bring it with you to your first appointment. If any part of the form is difficult or bothersome to complete, leave it blank and we'll review those items when we meet. Please do complete something in the last section about your hopes and goals.

Contact Information (please print):

Today's date: _____

Last name _____ First name _____ Middle Initial _____

Birthdate _____

Street Address _____

City, State, ZIP _____

ok to leave
a message?

preferred phone _____ please circle: mobile home work other Y N

secondary phone _____ please circle: mobile home work other Y N

other phone _____ please circle: mobile home work other Y N

email address _____

How (or from whom) were you referred here? _____

If referred by an individual, may I contact that person to thank them for referring you? _____

Medical History:

Current Medications (please include dose, approximate how long you have been taking, benefits and any side effects; continue on back if needed):

Medication Allergies: _____

Illnesses: _____

Hospitalizations (please include approximate dates and reasons): _____

Surgeries: _____

Do you smoke, or have you smoked in the past? _____ How much, and when? _____

Do you drink alcohol? _____ How much and how often? _____

Are you concerned, or have you ever been concerned, about your alcohol use? _____

What is your history with recreational drugs other than alcohol? _____

What do you do to take care of your health? _____

Who is your primary care physician? _____

Do you see any alternative practitioners? _____ Who, and for what? _____

Past Mental Health Care:

Please list any mental health practitioners you have seen in the past, including approximate dates (or how old you were), reason for seeing them, approximately how long you saw them, and what was valuable or unhelpful about seeing them:

Please list any psychiatric medications you have taken in the past, including approximate dates (or how old you were), reason for taking them, approximately how long you took them, and what benefits and side effects you remember experiencing:

Family History: Please list any blood relatives with mental health or substance abuse issues. If known, please list any psychiatric medications that they take:

Hopes and Goals: Using the space below, please answer the following question in an open-minded way. Set aside some time, at least 5 minutes, perhaps 15 minutes or longer. Use extra paper as needed. I encourage you to take your time, reflect, and allow answers to arise from your place of deepest yearning. Think big.

As an optional exercise, once your answer feels complete, I invite you to set it aside and come back to the question another day, re-answering the question as freshly as you can, without reviewing your previous answer. It is common for the answer to evolve in a valuable way. If it feels fruitful, you might even answer a third time on another day. If repeating this exercise doesn't feel helpful to you, answering once is fine.

What would you like to see happen as a result of coming here?