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Tucson, AZ 85712

Personal Information Form

Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: (home): _____ (work): _____ (cell): _____

Where may we call you? Home Work Cell Leave message? Home Work Cell

Email: _____

Emergency contact and phone: _____

Religious Affiliation: _____ Currently active?

Education (years completed or highest degree): _____

Marital Status: Never married Divorced Widowed Married: _____

Employer and occupation: _____

Spouse's name: _____

Children/dependents (names and ages): _____

Current significant medical conditions? Please explain: _____

Please list any medications or drugs you are currently taking: _____

Do you believe you have ever had difficulties with drugs and/or alcohol? Yes No

Have you ever received counseling, psychotherapy or psychiatric services? Yes No

If yes, when and from whom? _____

Reasons for counseling today? _____

Referred by: _____

Signature: _____ Date: _____