



Relational Advantage, Inc.

The Difference Between Potential and Performance

PATIENT REGISTRATION

Please take a few minutes to complete this questionnaire prior to your first appointment. Each individual participant should complete a separate form. If you have questions, please call us at (520) 219-8377.

Current Personal Data

Today's Date _____

Name _____ E-Mail _____ Msg OK? Y N
 Address _____ Home Phone _____ Msg OK? Y N
 City _____ State _____ Zip _____ Cell Phone _____ Msg OK? Y N
 Date of Birth _____ Age _____ Work Phone _____ Msg OK? Y N

Current Marital Status (circle one) Single Married Re-Married Divorced Separated Widowed
 Since what month/year? _____

Spouse's Name _____ Spouse's Date of Birth _____

List all children of yours and your spouse's:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Birth/Step/Adopted/Foster</u>
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F

Highest Grade / Degree You Completed _____ Major _____ Year _____

Your Employer _____ Job Title _____

Spouse's Employer _____ Job Title _____

Medical and Psychological History

Primary Physician _____ Phone _____

Emergency Contact/Relationship _____ Phone _____

Current Medical Problems _____

Current Medications _____

Do you have trouble sleeping? Y N Describe _____

How is your appetite? ___ Good ___ Poor ___ I eat when not hungry ___ Other _____

Do you drink alcohol or use recreational drugs? Y N How much/how often? _____

Have you ever been hospitalized with a psychological condition? Y N Reason _____

Hospital _____ Date(s) _____

Patient Registration Page 2

Have you received professional or pastoral counseling within the last five years? Y N

With Whom? _____ When? _____

Brief reason for seeing Dr. Linaman today: _____

Personal and Family History

If you have been married before, please list first name of former spouse and dates of marriage:

First Name _____ Married from _____ to _____ ___ Divorced ___ Widowed

First Name _____ Married from _____ to _____ ___ Divorced ___ Widowed

___ My mother is still living and is _____ years old. She lives in _____

___ My mother has been deceased since _____

___ My father is still living and is _____ years old. He lives in _____

___ My father has been deceased since _____

___ My parents are not / never were divorced

___ My parents divorced after ___ years of marriage when I was ___ years old

Growing up I lived with: (circle) biological parent(s) adoptive parent(s) step-parent foster parent(s) other _____

List siblings according to birth order (include yourself and step or half siblings)

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Birth/Step/Adopted/Foster</u>
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F

Please list where you were born and the last two cities/states you have lived in:

Place of Birth _____ From _____ to _____

City/State _____ From _____ to _____

City/State _____ From _____ to _____

Referral Information

How did you hear about us? ___ Doctor ___ Employer ___ Internet Search ___ Familiar w/Dr. Linaman

___ Pastor /Church _____ ___ Family/Friend/Other Name _____

Would you like to receive Dr. Linaman's weekly blog at the email address you provided above? Y N