**STEPHEN J. CUMMINGS, PH.D.**
**LICENSED CLINICAL PSYCHOLOGIST**

**Client(s): _____ SS # - - Birthdate:**
**_____ SS # - - Birthdate:**
**Immediate Family Members: _____**
**_____**
**Home Address: _____**
**City: _____ Zip Code: _____**

**Phone Numbers: (H): (W): (CELL):**

**E-MAIL ADDRESS: _____ Referral Source: _____**

**Employer: _____ Job Title: _____**

**Highest Education Level : _____**

**Name of Physician(s): _____ Phone: _____**

**Name of Attorney: _____ Phone: _____ Fax: _____**

**What significant medical problems have you had?**

**Have you been prescribed mood-altering medications? If so, which ones?**

**Please mention any legal involvements:**

**Annual Income: $**

**If you have had counseling in the past, please describe what it was like:**

**Have you used any illicit substances to affect your mood? If so, please list them and their effects:**

**What are your main interests and hobbies?**

**Who is the insured party? _____ Group # _____ ID#**
**Insurance Company: _____ Phone: ( ): Co-Payment = $**

**Claims Address: _____**