Jean A. Leahy, Psy.D.

Licensed Clinical Psychologist

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312-494-1660

645 N. Michigan Ave
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Chicago, IL 60611

Patient Information

Name: _____ Date: _____

Address: _____

_____

Email: _____

Phone: _____ Preferred Method of Contact? _____

****Texting is NOT an option under HIPPA rules**.**

Date of Birth: _____ Gender: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Number of Children: _____

Living situation: _____

Occupation: _____

Referred by? _____

Person to notify in case of emergency: _____

Relationship: _____ Contact number: _____

Psychiatrist and /or Primary Care Physician: _____

Contact number: _____

OVER

Current Prescription Medication:

Medication name:	Amount/Frequency	Start Date	Prescribing Dr.

Previous Counseling or Hospitalizations:

Date Treated	Location	Length	Physician

Medical Conditions/Injuries/Surgeries:

Recreational Substances:

Alcohol: ☐ Yes ☐ No

Other Substances: ☐ Yes ☐ No

Primary Insurance:

Policy Holder: _____

Relationship to Insured: _____

Address of Policy Holder: _____

Phone: _____

Employer: _____

Insurance Company: _____

Identification Number: _____ Policy Number: _____