

**Lydia C. Richardson, PsyD**  
**155 N. Michigan Avenue, Suite 563**  
**Chicago, IL 60601**  
**(646) 481-5516 Phone or text**  
**DrLydia@richardsonpsyd.com**

## Client Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Best contact phone # ( ) \_\_\_\_\_ Other # ( ) \_\_\_\_\_

Can a voice message be left at the above #? Yes  No       Voice message can be left at the above #?  
Yes  No

E-mail \_\_\_\_\_ @ \_\_\_\_\_ Can I email you at this address? Yes  No

How many pets do you own? \_\_\_\_\_ Name/species \_\_\_\_\_

Please check all that apply: Single  Partnered  Married  Separated  Widowe  Dating

How long have you been in your current relationship? \_\_\_\_\_

What is your current (past, if retired) occupation? \_\_\_\_\_

Current Employer (necessary if using employer-provided insurance) \_\_\_\_\_

Have you received therapy or psychiatric services in the past? Yes  No

If yes, please describe: \_\_\_\_\_

Do you have a current medical condition(s) and/or allergies? Yes  No

If yes, please describe: \_\_\_\_\_

1. Are you taking prescription medication(s)? Yes  No

Medication name/dose: \_\_\_\_\_ What for? \_\_\_\_\_

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Do you smoke cigarettes? Yes  No       If yes, How long have you been smoking \_\_\_\_\_

Are you experiencing any pain: Yes  No

If yes, please describe pain and list medication(s) and/or treatment

\_\_\_\_\_

Who can I contact in case of emergency (e.g., I reasonably believe that you are a danger, physically or emotionally, to yourself or another person)?

\_\_\_\_\_

Contact Name (and relationship)

\_\_\_\_\_

Contact Phone Number and Address

Who referred you to Dr. Richardson? \_\_\_\_\_