

# Dr. Peter R. Kilmann, Ph.D., M.P.H.

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Licensed Clinical Psychologist  
Licensed Marriage and Family Therapist

## PLEASE PRINT CLEARLY – All information is confidential

NAME	DATE	BIRTH DATE	AGE
HOME ADDRESS _____ _____	EMAIL ADDRESS:	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	CHILDREN Number? Ages?
PHONE HOME (    ) CELL (    )		# YEARS MARRIED	BROTHERS/SISTERS Ages?
OCCUPATION		EDUCATION <input type="checkbox"/> High School <input type="checkbox"/> College Tech Degree	
YEARLY GROSS FAMILY INCOME <input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$10,000-20,000 <input type="checkbox"/> \$21,000-30,000 <input type="checkbox"/> \$31,000-40,000 <input type="checkbox"/> \$41,000-50,000 <input type="checkbox"/> \$51,000-60,000 <input type="checkbox"/> \$61,000-70,000 <input type="checkbox"/> \$71,000-80,000 <input type="checkbox"/> >\$81,000		REFERRED BY <input type="checkbox"/> Physician <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages Section: _____	

Have you received prior psychological or psychiatric treatment?  Y  N    hospitalization?  Y  N

Have you ever had psychological testing?     YES     NO

Do you take medication? Which drugs? \_\_\_\_\_

How often do you drink alcohol?    # glasses (or beers) per week \_\_\_\_\_

Do you smoke cigarettes? How many per day? \_\_\_\_\_

What difficulties are you having?

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**PLEASE, ASK QUESTIONS. IF YOU HAVE ANY QUESTIONS ABOUT MY QUALIFICATIONS OR ANY INFORMATION NOT ADDRESSED HERE, YOU HAVE A RIGHT TO A COMPLETE EXPLANATION.**