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 □ Married □ Separated □ Divorced □ Widowed □ Single	CHILDREN Number? Ages?
PHONE HOME ( ) CELL ( )	# YEARS MARRIED	BROTHERS/SISTERS Ages?
OCCUPATION	EDUCATION □ High School □ College Tech Degree	
YEARLY GROSS FAMILY INCOME □ < $10,000 □ $10,000-20,000 □ $21,000-30,000 □ $31,000-40,000 □ $41.000-50,000 □ $51,000-60,000 □ $61,000-70,000 □ $71,000-80,000 □ >$81,000	REFERRED BY □ Physician □ Friend □ Internet □ 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.