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

Licensed Clinical Psychologist Licensed Marriage and Family Therapist

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## PLEASE PRINT CLEARLY – All information is confidential

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NAME	DATE	BIRTH DATE	AGE
HOME ADDRESS		MARITAL STATUS	CHILDREN
		□ Married □ Separate	d Number?
		Divorced Widowe	ed Ages?
EMAIL ADDRESS:		□ Single	
PHONE		# YEARS MARRIED	BROTHERS/SISTERS
HOME ( )			Ages?
CELL ( )			
OCCUPATION		EDUCATION	
		High School College Tech Degree	
YEARLY GROSS FAMILY INCOME		REFERRED BY	
□ < \$10,000 □ \$10,000-20,000	□ \$21,000-30,000	Physician  Friend  Internet	
□ \$31,000-40,000 □ \$41.000-50,000 □ \$51,000-60,000		Yellow Pages Section:	
□ \$61,000-70,000 □ \$71,000-80,000 □	□ >\$81,000		
Have you received prior psychological or psychiatric treatment? □Y □ N hospitalization? □ Y □ N			
Have you over had never helegical testing?			

Do you take medication? Which drugs?

# glasses (or beers) per week

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

What difficulties are you having?

How often do you drink alcohol?

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.