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**Background Information**

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male      Female

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C): \_\_\_\_\_

Other: \_\_\_\_\_ (work or home)

Email address: \_\_\_\_\_

**How did you hear about me?**

Psych Today \_\_\_\_\_ DivorcedMoms.com \_\_\_\_\_

Your Tango \_\_\_\_\_ Facebook \_\_\_\_\_

LinkedIn \_\_\_\_\_ Website \_\_\_\_\_

Insurance \_\_\_\_\_ Dr referral? \_\_\_\_\_

Other \_\_\_\_\_ Name: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

**Family History:**

Anxiety \_\_\_\_\_ Depression \_\_\_\_\_ BiPolar \_\_\_\_\_  
Eating Disorders \_\_\_\_\_ Alcohol Abuse \_\_\_\_\_ Drug Addiction \_\_\_\_\_  
Suicide \_\_\_\_\_ Other: \_\_\_\_\_

**Purpose of seeking therapy?** \_\_\_\_\_

\_\_\_\_\_

**Goals:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Insurance Information:**

Name of insurance company: \_\_\_\_\_

Name on card: \_\_\_\_\_ ID# \_\_\_\_\_

Subscribers DOB: \_\_\_\_\_

**Social/Family**

Single      married/partnered      separated      divorced      widowed

**Medical and Psychiatric History**

Current Primary Care Physician Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_