

**Suzanne Kuchel, Ph.D.**  
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**PERSONAL DATA FORM**

**A. Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

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

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred method of contact:** \_\_\_\_\_

**Marital Status:** single \_\_\_ married \_\_\_ divorced \_\_\_ widowed \_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender Identity:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_

**Sex Assigned at Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**B. Spouse's name (if applicable):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**C. Have you been to therapy before? If so, approximately when and for how long?**

\_\_\_\_\_  
\_\_\_\_\_

**D. Do you or have you ever taken medication for mental health related issues? Please list and indicate whether currently prescribed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. In a few words, what brings you to therapy? List goals you like to work on.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

