

**Natalia Kaczmarek, Psy.D.**  
**Licensed Clinical Psychologist**  
**T: (312) 870-0120 - F: (312) 819-2080**  
**Drnatalia.psyd@gmail.com**

**Identifying Information**

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Marital Status:  Single  Married  Separated / Divorced  Widowed  Committed Relationship

Occupation/School: \_\_\_\_\_

Ethnic/Racial Identity: \_\_\_\_\_

**To (re)schedule appointments, where may I contact you?**

Cell #: \_\_\_\_\_ Voicemail OK?  Yes  No

Home #: \_\_\_\_\_ Voicemail OK?  Yes  No

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

**Who may I contact in case of an emergency?**

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

Relationship: \_\_\_\_\_

**Referral Source (How did you learn about my practice):**

Referred by \_\_\_\_\_

Insurance Provider  Psychology Today  Google  Other \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_



**Family History:** Please use the suggested symbols to indicate if a relative has been diagnosed, treated or suspected of having with one of these health conditions. **Dx = Diagnosed. Tx = Received Treatment. Sus = You suspect they suffer from this condition.**

	Mother	Father	Sibling	Children	Father's Parent	Mother's Parent
Depression						
Anxiety						
Panic Attacks						
OCD						
ADHD						
Learning Problems						
Autism						
Bipolar Disorder						
Schizophrenia						
Alcoholism						
Drug Addiction						
Thyroid Problems						
Sleep Disorder						
Other:						
Other:						

Thank you for completing the paperwork. Data is solely used for the purpose of understanding treatment concerns and will be held strictly confidential.