

Pamela Hanson, M.D., Family Therapist

pamela@pamela-hanson.com (513) 330-8293

Information for Phone Consultation

Name

First Name

Last Name

Email

Phone Number

Area Code

Phone Number

What are the issues and concerns that you want to address in therapy?

Have you ever been married?

Yes

No

Current marital status:

Single

Married

Separated

Divorced

Widowed

How many children do you have?

How many full siblings do you have?

What is your birth order?

Do you have any half-siblings?

If you have half-siblings, are they older or younger?

List any medications you are taking for mental health conditions

Have you been in therapy before?

YES

NO

If Yes, Name of therapist:

If applicable, what did you find beneficial about your previous therapy?

Who is planning to attend the sessions?

Choose a first date/time option for our call:

Month Day Year At Hour Minutes AM/PM

Choose a second date/time option for our call:

Month Day Year At Hour Minutes AM/PM

Choose a third date/time option for our call:

Month Day Year At Hour Minutes AM/PM

For our office appointments what times/location would work for you? I have offices in Bright, Indiana and Cincinnati, Ohio.