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**INITIAL INTERVIEW FORM**

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

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

Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

Which phone number(s) may I call and leave messages on? \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

May I mail to this address? Yes \_\_\_ No \_\_\_\_\_

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

I send out occasional e-newsletters. Are you interested? Yes or No

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ How long in this occupation? \_\_\_\_\_

Education (list highest level of education attained): \_\_\_\_\_

Primary Physician: \_\_\_\_\_

List any significant health problems: \_\_\_\_\_

List any medications you are taking and the dosage: \_\_\_\_\_

How were you referred to my office? \_\_\_\_\_

Who may I thank for referring you? \_\_\_\_\_

Others living at home: \_\_\_\_\_

Nearest relative other than spouse: \_\_\_\_\_

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