

Client Information

Today's date: _____

Note: If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security # (if using insurance): _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/cell phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

If you are using your insurance:

Insurance Company: _____ ID: _____ Group: _____

B. Referral:

Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you? _____

B. Chief concern

Please describe the main difficulty that has brought you to see me: _____

C. Religious and racial/ethnic identification

Current religious denomination/affiliation Protestant Catholic Jewish Islamic Buddhist Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____ or other similar way
you identify yourself and consider important: _____

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

E. Your current employer

Employer: _____ Address: _____

Work phone: _____ or other means of communication _____

Calls will be discreet, but please indicate any restrictions: _____

F. Emergency information

If some kind of emergency arises and I cannot reach you directly, or I need to reach someone close to you, whom should I call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____

G. Your education and training

Dates	Schools	Adjustment to school	Did you graduate?
From To			

H. Employment and military experiences

Dates	Name of employers	Job title or duties	Reason for leaving?
From To			

I. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Brothers					
Sisters					
Stepparents					

J. Marital/Relationship history

	Name	Ages when married/committed?		Your age if/when ended?	Reasons for ending?
		Their age	Your age		
First					
Second					
Third					

K. Children

Indicate those from a previous marriage or relationship with "P" in the last column.

Name	Current age	Sex	School	Grade	Adjustment problems?	P?
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L. Is there any other information you think I should know?

M. Treatment

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No Yes If yes, please indicate:

When? From whom? For what? With what results?

N. Have you ever taken medications for psychiatric or emotional problems? No Yes If yes, please indicate:

When? From whom? Which medications? For what? With what results?

O. Relationships in your family of origin.

Please describe the following:

1. Your parents' relationship with each other: _____

2. Your relationship with each parent and with any other adults present: _____

3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties: _____

4. Your relationship with your brothers and sisters, in the past and present: _____

P. Present relationships

1. How do you get along with your present spouse or partner?

2. How do you get along with your children?

Q. Chemical use

1. How many cups of regular coffee do you drink each day? ____ How many cups of tea? ____ . How many sodas/pop with caffeine (Coke, Pepsi, Mountain Dew, Dr. Pepper, Orange Crush, etc.)? ____ How many "energy drinks"? ____ How often do you use No Doz or similar caffeine pills? _____ .

2. How much tobacco do you smoke or chew each week? _____

3. Have you ever felt the need to cut down on your drinking? No Yes

4. Have you ever felt annoyed by criticism of your drinking? No Yes

5. Have you ever felt guilty about your drinking? No Yes

6. Have you ever taken a morning "eye-opener"? No Yes

7. How much beer, wine, or hard liquor do you consume each week, on the average?

8. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? No Yes

9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner? No Yes If yes, which and when? _____

Which drugs (not medications prescribed for you) have you used in the last 10 years? _____

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth:

R. Legal history

1. Are you presently suing anyone or thinking of suing anyone? No Yes. If yes, please explain:

2. Is your reason for coming to see me related to an accident or injury? No Yes If yes, please explain:

3. Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes. If yes, please explain: _____

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: F = federal, S = state, Co = county, Ci = city. Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

<u>Date</u>	<u>Charge(s)</u>	<u>Jurisdiction (F,S,C,Ci)</u>	<u>Sentence (AR, I, Pr, Pa)</u>	<u>Probation/parole officer's name</u>	<u>Your attorney's name</u>
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5. Your current attorney's name: _____ Phone: _____

6. Are there any other legal involvements I should know about? _____

S. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:
