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Client Information

COMPLETION OF THIS FORM IS VOLUNTARY, YOU MAY OMIT ANY PARTS YOU WISH.

Name: _____ Date: _____

(Last)

(First)

(MI)

Address: _____

Home phone #: _____

May I call you at home? _____

Work phone #: _____

May I call you at work? _____

Cell phone #: _____

May I call your cell? _____

Email address: _____

May I email you? _____

Of the numbers listed above, are there any at which I should not leave a voice message?

Age: _____ Date of birth: _____ Occupation: _____

Relationship status: MARRIED SINGLE LIFE PARTNER DIVORCED

(circle all that apply) SEPARATED WIDOWED DATING

Briefly describe you level of satisfaction with your relationship status:

Please list family members' names, ages, and any relevant information:

MOTHER:

FATHER:

SISTERS:

BROTHERS:

CHILDREN:

ANY OTHER IMPORTANT FAMILY MEMBERS:

How did you hear about me? _____

If a specific person referred you, who was it? _____

May I contact this person to thank her/him for the referral? _____

Briefly describe what brings you in for counseling:

Have you seen a therapist before? YES NO

If yes, please indicate who, when, where, why and for what reasons your work with this therapist was terminated:

Please list all medical diagnoses/conditions that you have:

Please list all medications, both prescription and over-the-counter, that you currently take, dosage, and reason for taking:

Names of prescribing physicians:

Name of primary care physician: _____

Have you ever been hospitalized for psychiatric reasons? YES NO

If yes, please indicate when, where, how long, and for what reasons:

Have you ever experienced thoughts or plans of suicide or self-harm? YES NO

If yes, please indicate when the thoughts or plans occurred and precipitating issues:

Are you currently experiencing any thoughts of suicide or self-harm? YES NO

Have you ever experienced challenges related to drugs and/or alcohol? YES NO

If yes, please explain: _____

Are there any experiences related to violence or trauma in your past? YES NO

If yes, please explain: _____

Please indicate should be contacted in case of emergency (names and phone #s):

*Completion of this section indicates permission to contact these people should an emergency (as determined by the psychologist) arise. If you choose not to complete this section, should an emergency arise, I will contact 911.

Client's Signature

Date