

## Client Information Form

Today's date: \_\_\_\_\_

### A. Identification

Your legal Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name you prefer to be addressed as: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

e-mail \_\_\_\_\_ (note: I typically do not consider email to be a secure form of communication and would only use this as a way of contacting you if I cannot reach you in other ways)

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

### 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? \_\_\_\_\_

### C. Identity Information

Current religious denomination/affiliation:

Protestant  Catholic  LDS  Jewish  Islamic  Buddhist  Atheist/Agnostic  Hindu  Wiccan

Other (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_

Sexual Orientation:  Heterosexual  Bisexual  Lesbian  Gay  Pansexual  Questioning  Other \_\_\_\_\_

Gender Identification:  Female  Male  FTM  MTF  Other \_\_\_\_\_

### 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. Your education and training**

Highest level of education reached \_\_\_\_\_.

Name of college or advanced training institution:

\_\_\_\_\_

**G. Employment and military experiences**

**Dates**

**Name of employer**

**Job title or duties**

Current: \_\_\_\_\_

Previous: **Dates**

**Name of employers**

**Job title or duties**

**Reason for leaving**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**H. Family History**

Relative

Name

Current age  
(or age at death)

Mental Health Condition(s)

Physical Health Cond.  
(or cause of death)

Occupation

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

**I. Marital/Romantic Relationship history**

Spouse/Partner's name

Length of Relationship

Reason for divorce/break-up

Current \_\_\_\_\_

Previous \_\_\_\_\_



**M. Abuse history:**

I was not abused in any way                       I was abused.

If you were abused, please indicate the following:

Your age(s) at the time of the abuse \_\_\_\_\_

Type of abuse (physical, sexual, neglect, emotional) \_\_\_\_\_

Who was the abuser (name and relationship to you) \_\_\_\_\_

What was the abuser ever held responsible (e.g. was there involvement of law enforcement)? \_\_\_\_\_

Do you believe that others may currently be being abused by the abuser? \_\_\_\_\_

**N. Present relationships**

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

\_\_\_\_\_

\_\_\_\_\_

2. How do you get along with your children? \_\_\_\_\_

\_\_\_\_\_

**O. 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 had a DUI?    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. Do you smoke marijuana?    No    Yes

10. If "yes", how often \_\_\_\_\_?

11. Do you ever use medications such as Vicodin, Xanax, etc. that have not been prescribed to you?    No    Yes

12. Please describe any other current, or recent, substance use \_\_\_\_\_

**P. Legal history**

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

\_\_\_\_\_

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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. Are there any other legal involvements I should know about? \_\_\_\_\_

**Q. 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:

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### Checklist of Concerns

Please mark all of the items below that apply, and feel free to add any others at the bottom under "Any other concerns or issues." You may add a note or details in the space next to the concerns checked. (For a child, mark any of these and then complete the "Child Checklist of Characteristics.")

- I have no problem or concern bringing me here (please elaborate: \_\_\_\_\_)
- Abuse—physical, sexual, emotional, neglect, cruelty to animals (please elaborate: \_\_\_\_\_)
- Aggression, violence (please elaborate: \_\_\_\_\_)
- Alcohol or other substance use (please elaborate: \_\_\_\_\_)
- Anger, hostility, arguing, irritability (please elaborate: \_\_\_\_\_)
- Anxiety, nervousness (please elaborate: \_\_\_\_\_)
- Attention, concentration, distractibility (please elaborate: \_\_\_\_\_)
- Career concerns, goals, and choices (please elaborate: \_\_\_\_\_)
- Childhood issues (your own childhood) (please elaborate: \_\_\_\_\_)

- Delusions (false ideas) (please elaborate:\_\_\_\_\_)
- Dependence (please elaborate:\_\_\_\_\_)
- Depression, low mood, sadness, crying (please elaborate:\_\_\_\_\_)
- Divorce, separation (please elaborate:\_\_\_\_\_)
- Eating/Weight problems (please elaborate:\_\_\_\_\_)
- Emptiness (please elaborate:\_\_\_\_\_)
- Fatigue, tiredness, low energy (please elaborate:\_\_\_\_\_)
- Fears, phobias (please elaborate:\_\_\_\_\_)
- Financial/money troubles, debt, impulsive spending, low income (please elaborate:\_\_\_\_\_)
- Friendships (please elaborate:\_\_\_\_\_)
- Gambling (please elaborate:\_\_\_\_\_)
- Grieving, mourning, deaths, losses, divorce (please elaborate:\_\_\_\_\_)
- Guilt (please elaborate:\_\_\_\_\_)
- Headaches, other kinds of pains (please elaborate:\_\_\_\_\_)
- Health, illness, medical concerns, physical problems (please elaborate:\_\_\_\_\_)
- Inferiority feelings (please elaborate:\_\_\_\_\_)
- Interpersonal conflicts (please elaborate:\_\_\_\_\_)
- Impulsiveness, loss of control, outbursts (please elaborate:\_\_\_\_\_)
- Judgment problems, risk taking (please elaborate:\_\_\_\_\_)
- Legal matters, charges, suits (please elaborate:\_\_\_\_\_)
- Loneliness (please elaborate:\_\_\_\_\_)
- Marital/Partnership conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments  
(please elaborate:\_\_\_\_\_)
- Memory problems (please elaborate:\_\_\_\_\_)
- Menstrual problems, PMS, menopause, pregnancy-related concerns (please elaborate:\_\_\_\_\_)
- Mood swings (please elaborate:\_\_\_\_\_)

- Motivation (please elaborate: \_\_\_\_\_)
- Nervousness, tension (please elaborate: \_\_\_\_\_)
- Obsessions or compulsions (please elaborate: \_\_\_\_\_)
- Oversensitivity to rejection (please elaborate: \_\_\_\_\_)
- Pain, chronic (please elaborate: \_\_\_\_\_)
- Panic or anxiety attacks (please elaborate: \_\_\_\_\_)
- Parenting, child management, single parenthood (please elaborate: \_\_\_\_\_)
- Perfectionism (please elaborate: \_\_\_\_\_)
- Pessimism (please elaborate: \_\_\_\_\_)
- Procrastination, work inhibitions, laziness (please elaborate: \_\_\_\_\_)
- Relationship problems (with friends, with relatives, or at work) (please elaborate: \_\_\_\_\_)
- School problems (see also "Career concerns ...") (please elaborate: \_\_\_\_\_)
- Self-centeredness (please elaborate: \_\_\_\_\_)
- Self-esteem (please elaborate: \_\_\_\_\_)
- Self-neglect, poor self-care (please elaborate: \_\_\_\_\_)
- Sexual issues, dysfunctions, conflicts, desire differences, sexual compulsive behaviors  
(please elaborate: \_\_\_\_\_)
- Shyness (please elaborate: \_\_\_\_\_)
- Sleep problems—too much, too little, insomnia, nightmares (please elaborate: \_\_\_\_\_)
- Spiritual, religious, moral, ethical issues (please elaborate: \_\_\_\_\_)
- Stress, relaxation, stress management, stress disorders, tension (please elaborate: \_\_\_\_\_)
- Suspiciousness, distrust (please elaborate: \_\_\_\_\_)
- Suicidal thoughts (please elaborate: \_\_\_\_\_)
- Temper problems, self-control, low frustration tolerance (please elaborate: \_\_\_\_\_)
- Thought disorganization and confusion (please elaborate: \_\_\_\_\_)
- Threats, violence (please elaborate: \_\_\_\_\_)

Weight and diet issues (please elaborate: \_\_\_\_\_)

Withdrawal, isolating (please elaborate: \_\_\_\_\_)

Work problems, overworking, can't keep a job, dissatisfaction, ambition (please elaborate: \_\_\_\_\_)

Other concerns or issues: \_\_\_\_\_

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Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

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**PRINT THIS AND BRING A COMPLETED COPY TO OUR FIRST MEETING**

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*