

## Client Information

*Please complete all applicable sections. Be assured that this, and all other records, will be treated as confidential.*

### GENERAL INFORMATION

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Messages OK? Y N Cell Phone: \_\_\_\_\_ Messages OK? Y N

Work Phone: \_\_\_\_\_ Messages OK? Y N Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religious/Spiritual Affiliation: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Relationship Status (circle): Single Partnered Married \_\_\_yrs Separated Divorced Widowed

Number of Children & Ages/Gender: \_\_\_\_\_

### FAMILY ISSUES

*PLEASE CHECK OFF WHETHER YOU, YOUR SPOUSE/PARTNER OR YOUR CHILDREN DEAL WITH ANY OF THE ISSUES BELOW:*

ISSUE	YOU	SPOUSE/PARTNER	CHILDREN
ANXIETY			
DEPRESSION			
ANGER			
SELF-ESTEEM			
SEXUAL CONCERNS			
DOMESTIC VIOLENCE			
JEALOUSY			
INFIDELITY			
SEPARATION/DIVORCE			
CAREER CONCERNS			
SPIRITUAL CONCERNS			
DRINKING (define on next page)			
SUBSTANCE ABUSE(define on next page)			
GAMBLING/SPENDING (define on next page)			
PHYSICAL HEALTH (define on next page)			
WORKAHOLISM			
SEX ADDICTION			

**HISTORY OF MENTAL HEALTH TREATMENT**

Time-Period

Provider

Treatment Issues

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**PSYCHIATRIC HOSPITALIZATION**

Time-Period

Hospital

Treatment Issues

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**CURRENT MEDICAL/HEALTH ISSUES & PRESCRIPTION MEDICATIONS:**

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Medication

Dosage

Prescribing Doctor/Phone

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**CURRENT/PAST SUBSTANCE USE (include current tobacco & caffeine use)**

**OTHER ADDICTIONS (include gambling/spending, sex, workaholism, etc):**

Substance/Addiction

Time Period Used

Frequency

Amount

Age 1<sup>st</sup> used

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Referred by: \_\_\_\_\_.

Emergency Contact & Phone: \_\_\_\_\_.

Write three adjectives to describe your mother:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Write three adjectives to describe your father:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**CURRENT CONCERNS:**

Reason for seeking counseling and your wishes for the session(s). Please limit your response to this one side of the page.