

CLIENT INFORMATION

CONTACT INFORMATION

Date _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Ph _____ Msg ok? _____ Which number is the best
Work Ph _____ Msg ok? _____ place to reach you?
Mobile Ph _____ Msg ok? _____ (Home, Work, or Mobile?)

Email Address _____

Emergency Contact _____ Ph _____

Psychiatrist or MD _____ Ph _____

Relationship Status _____ Children? _____ Ages _____

Birthdate _____ Birthtime _____ am/pm Birthplace _____

Referred by _____

BACKGROUND INFORMATION

Reason(s) for seeking therapy at this time (Circle all that apply):

- | | | | | |
|-----------------|---------------------|------------------|-------------------|--------------------------|
| General Anxiety | Relationship Issues | Life Transition | Grief and/or Loss | Substance Abuse |
| Depression | Family Problems | Spiritual Issues | Loneliness | Past Sexual Abuse |
| Panic Attacks | School Issues | Chronic Illness | Low Self Esteem | Food/Eating Issues |
| Nightmares | Job Issues | Stress | Fear/Phobia | Suicidal Thoughts |
| Self-harm | Attention Issues | Personal Growth | Social Anxiety | Others suggested therapy |

Other (describe) _____

Goals for Therapy _____

CLIENT INFORMATION

Briefly Describe major losses or trauma _____

Previous Therapy? _____ When and for how long? _____

Was it helpful? Why or why not? _____

Have you ever attempted suicide? _____ If so, when, how, and what happened? _____

Have you ever engaged in self-harming behaviors? _____ If so, when? _____ Now? _____

Describe self-harm _____

Have you ever been hospitalized for mental health issues? _____ If so, when? _____

Please describe _____

Drug/Alcohol use (past and present): _____

Significant Medical Conditions (past and present) _____

Prescribed Medications (past and present) _____

Do you have a spiritual path or religious affiliation? _____

Are you in a primary relationship? _____ If yes, how long? _____ Want to be in relationship? _____

Do you have Close Friends: (Circle) None One A Few Many Acquaintances: None One A Few Many

Difficulty in relationships? _____ Briefly describe history of romantic relationships with duration & outcome:

Occupation: _____ Education _____

Who do you live with? _____