

Client Information Form

Today's date: _____

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

A. Identification

Your name: _____ Date of birth: _____

Age: _____

Your nicknames or aliases: _____

Home street address _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ Calls will be discreet, but please indicate any restrictions: _____

Cellular Phone/Pager: _____

E-Mail Address: _____

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. Chief concern: Please describe the main difficulty that has brought you to see me:

D. Treatment

1. Have you ever received psychological or psychiatric or counseling services before?

No Yes If yes, please indicate:

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

2. 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?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. 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

F. Your current employer

Employer: _____

Address: _____

Work phone: _____

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

G. Marital/relationship history

Spouse's name Your age at marriage Spouse's age at marriage divorced/widowed? Is spouse remarried?

H. Children (Indicate which are from a previous marriage or relationship with the letter P in the last column)

Name Current age Sex School Grade Adjustment problems? P

I. 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:
