Client Information Form

Contact Information:

Name: ___________________________________ DOB: __________________

Address: ____

____

Is it okay to send mail to this address? Yes/No

Phone Numbers (*please circle the best contact number*):

Home: _________________________ Office: ____________________________

Cell: ___________________________Other:_____________________________

Email Address: ____

Marital status: _____ Occupation: ______________ Employer: ______________

Emergency Contact (Name and Number): _________________________________

Who referred you to me? ____

What prompted you to call for an appointment?

____

____

Medical Information and History:

Primary Care Doctor: ___________________________ Phone: ____________________

Psychiatrist/Other Dr.___________________________ Phone: ____________________

Illnesses, Conditions, or previous Diagnosis Physical or Mental:

____

____

Current Medications and Dosages:

____

____

Have you ever had any previous counseling or psychotherapy? Yes / No
If yes, when? ________________________________ Length? _________________

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Was therapy successful? Please comment:
____

____

Have you ever been hospitalized for psychiatric or substance abuse reasons? Yes / No
If yes, when and where? ____

Length of hospital stay? ____

Medication and Substance History: Please indicate with an "X" how often you use any of the following:

	Daily	Frequently	Occasionally	Never
Appetite Suppressants				
Sedatives/Tranquilizers				
Sleeping Pills				
Stimulants				
Narcotics				
Pain Killers				
Alcohol				
Nicotine				
Caffeine				
Marijuana				
Hallucinogens				
Blood Pressure Medicine				
Heart Medicine				
Birth Control				
Other (please specify)				

Please list all the people you live with, their ages and their relationship to you

Name Age Relationship

____

____

____

Have you experience any traumatic events? If yes, please circle: Car Crash, Natural Disaster, Deployed Military Service, Assault, Other (describe). If yes, what and when?
____

____

Is there anything else you would like me to know?
____

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