Client Information Form 1

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: ____

Nicknames or aliases: _____ Cell Phone: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

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. Religious and racial/ethnic identification

Were you raised with a religious tradition? _____

If so, what type of religious tradition? □ Christian □ Catholic □ Jewish □ Islamic □ Buddhist □ Hindu

Other (specify): _____

Current religious denomination/affiliation □ Christian□ Catholic □ Jewish □ Islamic □ Buddhist □ Hindu

Other (specify): _____

Involvement: □ None □ Some/irregular□ Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____ or other similar way you identify yourself and consider important: _____

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. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

G. Your education and training

Dates From	To	Schools	Special classes? Adjustment to school	Did you graduate?

H. Employment and military experiences

Dates From	To	Name of employers	Job title or duties	Reason for leaving

I. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Brothers					
Sisters					

I. Family-of-origin history cont.

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Stepparents					
Grandparents					
Uncles/aunts					
Others					

J. Marital/relationship history

	Spouse's name	Spouse's age	Your age	Your age at marriage/Spouses age at marriage
First				
Second				
Third				

K. Significant nonmarital relationships

	Name of other person	Person's during relationship	Your age during relationship	Reasons for ending
First				
Second				
Third				
Current				

L. Children (Indicate those from a previous marriage or relationship with "P" in the last column)

Name	Current age	Sex	School	Grade	P

M. What is the reason you are seeking counseling at this time?