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Individual Client Information

Today's Date:_____ Referred by:_____

Name Nickname

Address City, State, Zip

Cell Phone E-mail

Date of Birth Ethnic Background Gender

Occupation Employer/School Part or Full Time?

Relationship Status Length of Time in Relationship Living Together?

How Would you Describe the Quality of Your Current Relationship?

If have Children, Please List their Names, Ages, and Primary Place of Residence

Any Other Persons or Relatives Living in your Home?

(Optional): Name(s) of Current or Previous Therapist(s) and Dates Seen

Current Mental Health Issues, Problems and/or Diagnoses

Previous Mental Health Issues, Problems and/or Diagnoses

Names and Dosages of Any Medication you are Taking

When was the Last Time Your Medications were Revisited/Checked?

Family Physician's Name Psychiatrist's Name

Hospitalizations? Current and Previous Suicide Attempts/Feelings?

Current or Previous Substance Use/Abuse?

Arrests, Legal Trouble or Domestic Violence?

Current or Previous Physical Diseases or Limitations

Current Physical or Nutritional Concerns

Other Relevant Information You Would Like Me to Know About You

Emergency Contact:

Name of Nearest, Close Relative, Relationship to You, and his/her Phone Number

Please check any of the following items that concern you:

_____ Self-esteem, self-confidence
_____ Anxiety, nervousness, fears
_____ Depression
_____ Sexual concerns
_____ Angry, hostile feelings
_____ Traumatic experiences
_____ Physical distress
_____ Eating or appetite problems
_____ Alcohol or drug problems
_____ Sleep problems
_____ Parent-child problems
_____ Spiritual/Existential issues
_____ Family conflicts or pressures
_____ Friendship conflicts
_____ Relationship/marital concerns
_____ Shyness, being assertive
_____ Loneliness
_____ Procrastination or motivation
_____ Money/Financial issues
_____ Suicidal feelings or behaviors
_____ Stress
_____ Self-control
_____ Health problems
_____ Work or career concerns

Please put a *second* check next to those that are of particular concern to you right now.

Please describe the main concerns that bring you here:

Any additional information about your current relationship or relationship status?