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 how often you use any of the following:
Current "C" ; Past "P" Or "X" for never, Including misuse of prescription medications.

	Daily	Frequently	Occasionally	Never
Appetite Suppressants				
Sedatives: Benzodiazepine				
Sleeping Pills-Ambien ETC				
Stimulants RX Adderall				
Cocaine/Meth				
Opiates: RX or Heroin				
Alcohol				
Nicotine				
Caffeine				
Marijuana				
Mushrooms/Ecstasy/LSD				
Spice/Bath Salts				
Other:				

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?

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Is there anything else you would like me to know?

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