



CLIENT INFORMATION

Date ____/____/____

Full Legal Name: _____

Any Nicknames: _____

Current Mailing

Address: _____

City _____

State _____ Zip _____

Date of Birth: ____/____/____

PERSONAL INFORMATION

Home Phone: () _____ - _____ Message okay? Yes No

Work Phone: () _____ - _____ Message okay? Yes No

Cell Phone: () _____ - _____ Message okay? Yes No

Which number is the best place to reach you? _____

Email Address: _____ @ _____

Referred by/How did you hear about me:

ETHNIC BACKGROUND (Please circle the category that best describes you)

Asian or Pacific Islander Latino/Latina Chicano/Chicana Black/
African American White Caucasian Native American

Mixed Heritage (Please Describe): _____

Other Ethnic Background (Please Describe): _____

RELIGION/SPIRITUALITY

Religion/Spirituality (Current): _____

Religion/Spirituality (Past): _____

How is religion or spirituality a resource in your life?

RELATIONSHIP and/or MARITAL STATUS (Circle all that applies to you now)

Opposite-Gender Relationship

Single

Primary Relationship

Committed Relationship

Married

Separated

Divorced/Dissolved Relationship Widowed/Partner Deceased (When:

_____) Other

Same-Gender Relationship

Single

Primary Relationship

Committed Relationship

Dissolved Relationship

Partner Deceased (When: _____) Other

CHILDHOOD AND FAMILY INFORMATION (PAST)

How would you describe your family during the time you were growing up?
____ Distant ____ Argumentative ____ Not Close ____ Close ____ Other

Were your parents separated or divorced? Yes No If yes, what age were you when this happened? _____

Were you an only child? Yes No

If not, what was your birth order or sequence amongst your siblings?

How many times did your family move before you reached the age of 18?

How did this affect you?

To whom in your family did you feel closest while growing up?

Explain:

FAMILY INFORMATION (PRESENT)

Who are the people you think of when you think of "Family"?

Who else do you live with (Family, Friends, Roommates, Lovers, Etc)? _____

Who lives in the home with you?

Do you have any children? Yes No

If yes, please provide their Names, Ages, Location, and Custody Status

	First Name	Age	Location	Custody Status
Child #1:	_____	_____	_____	_____
Child #2:	_____	_____	_____	_____
Child #3:	_____	_____	_____	_____
Child #4:	_____	_____	_____	_____

Describe your relationship:

Describe your feelings, impressions, hopes, and disappointments about your family now:

EDUCATIONAL/TRAINING HISTORY

Highest year of education completed: _____

Major Course of Study: _____

Are you currently enrolled in any educational or training program?

Yes No

Where?

EMPLOYMENT HISTORY

Are you Employed? Yes No

Present or Most Recent Employer:

_____ Full Time _____ Part Time _____ Temporary _____ Self-Employed

Current Mailing Address:

City: _____ State: _____

ZIP: _____

Work Phone: () _____ - _____

What is your position or the kind of work you do?

Do you enjoy what you do most of the time? Yes No

How long have you worked in this position? _____

What are your Vocational Goals?

Please list Previous Jobs:

PERSONAL BACKGROUND and HISTORY

Current Health Care/Medical Provider (MD, NP, etc.)

What is his or her phone number: () _____ - _____

May we contact him or her for continuity of care? Yes No

Any history of Previous Psychotherapy? Yes No

If yes, who was your past therapist:

What was his or her phone number: () _____ - _____

May we contact him or her for continuity of care? Yes No

Describe your reasons for terminating therapy and/or changing therapists:

Current Medication/Dosage:

BACKGROUND INFORMATION

Reason(s) for seeking therapy at this time (Circle all that apply):

Anxiety Relationship Issues Life Transition Loneliness

Depression Family Problems Spiritual Issues Low Self Esteem

Panic Attacks School Issues Chronic Illness Stress Sexual Abuse

Nightmares Job Issues Grief and/or Loss Food/Eating Issues

Fear/Phobia Suicidal Thoughts Substance Abuse

Other

(describe) _____

Briefly Describe any major losses or trauma

Have you ever attempted suicide? _____

If so, when, how, and what happened? _____

Have you ever been hospitalized for mental health issues? _____

If so, when? _____

Please describe:

Drug/Alcohol use (past and present):

Current Medical Problems and Prescribed Medications:

THERAPEUTIC GOALS

In general, what are your reasons for seeking Counseling or Psychotherapy?

Why now?

GENERAL QUESTIONS

What are some qualities about yourself you like?

What are some qualities about yourself you dislike?

EMERGENCY CONTACT INFORMATION

Emergency Contact Person:

Relationship: _____

Current Mailing

Address: _____

City _____

State _____ Zip _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____