



Client Information Form (ADULT)

Today's date: _____

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security# _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

May we leave a message? Yes No

May we send you a text? Yes No

May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

B. Chief Concern: Please describe the main difficulty that brought you to see me:

C. Emergency Information

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

Name: _____ Phone: _____ Relationship: _____

Address: _____

D. Your Current Employer

Are you currently employed? No Yes On Disability

If yes, what is your current employment situation: Full Time Part-time

Employer: _____ Occupation: _____

Address: _____

If Student: Full-time Part-time School/College: _____

E. 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? No Yes



F. Medical History

Starting with your childhood and proceeding up to the present, list all diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions you have had.

Age	Illness/Diagnosis	Treatment Received	Treated by	Result

List all medications, drugs, or other substances you take – prescribed or over-the-counter.

Medication/Drug	Dose (how much/how often)	Take for	Prescribed and supervised by

G. Psychiatric History

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? No Yes If yes, please indicate:

Date	Provider	For what?	Results

Have you ever taken medications for psychiatric or emotional problems? No Yes
If yes, please indicate:

Date	Provider	Medication	For what?	Results



Do you have any allergies? _____

H. Alcohol and Substance Use

How much beer, wine, or hard liquor do you consume each week, on average? _____

How often do you engage in recreational drug use? Daily Weekly Monthly

Infrequently Never

Please list: _____

I. Family-of-Origin History

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

FAMILY MENTAL HEALTH HISTORY:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	
Other _____	yes/no	



J. Marital/Relationship History

Are you currently in a romantic relationship? No Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

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

Name	Current age	Sex	Grade	Adjustment problems	P? S?

L. Legal History

- Are you presently suing anyone or thinking of suing anyone? No Yes
If yes, please explain: _____
- Is your reason for coming to see me related to an accident or injury? No Yes
If yes, please explain: _____
- Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes If yes, please explain: _____

M. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written on any of these forms? If yes, please tell me about it or write it here: _____

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.