

## **Client Information Form**

Date: \_\_\_\_\_

### **A. Identification**

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ email \_\_\_\_\_

### **B. Chief concern**

Please describe the main difficulty that has brought you to see me:

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### **C. Treatment**

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No  Yes If yes, please indicate:

When ? From whom? For what? With what results?

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2. Have you ever taken medications for psychiatric or emotional problems?

No  Yes If yes, please indicate:

When? From whom? Which medications? For what? With what results?

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**D. Relationships in your family of origin**

Please describe the following:

1. Your parents' relationship with each other:

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2. Your relationship with each parent and with any other adults present:

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3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties:

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4. Your relationship with your brothers and/or sisters, in the past and present:

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**E. Abuse history:**

- No history of abuse       History of abuse (please indicate)

For kind of abuse, use these letters: P = Physical, S = Sexual, N =Neglect, E = Emotional.

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?
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**F. Present relationships**

1. How do you get along with your present spouse or partner?

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2. How do you get along with your children?

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**G. Chemical use**

- How many cups of regular coffee do you drink each day? \_\_\_\_\_
- How many cups of tea? \_\_\_\_\_
- How much tobacco do you smoke or chew \_\_\_\_\_
- How much beer, wine, or hard liquor do you consume each week, on the average? \_\_\_\_\_
- Have you ever felt the need to cut down on your drinking?  No  Yes
- Have you ever felt annoyed by criticism of your drinking?  No  Yes
- Have you ever felt guilty about your drinking?  No  Yes

**H. Other**

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

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