

New Client Information

Last Name _____ First Name _____ Date _____

Address _____

City _____ State _____ Zip _____ DOB _____

Email Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Annual Income _____

Education _____

What phone number is your preferred contact number? Cell / Home / Work

At what numbers may I contact you/leave a message? Cell / Home / Work

Is it ok to text you (scheduling questions only)? Y / N

How did you hear about me? _____

If referred, by whom? _____

Presenting Concerns

Please describe the main concern(s) that have prompted you to see me now. Is there a specific event or occurrence that caused you to seek help at this time?

How have these concerns changed or evolved over time?

Please indicate your major life stressors over the past 12 months:

- | | |
|--|---|
| <input type="checkbox"/> Serious illness/injury | <input type="checkbox"/> Death of a close friend or family member |
| <input type="checkbox"/> Major illness in the family | <input type="checkbox"/> Move |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Job change |
| <input type="checkbox"/> Other _____ | |

Please describe what you would like to be different in your life when you're done with therapy.

Medical & Psychological Care

Are you currently under medical care? Y / N

If yes, please explain/describe. _____

Name of Primary Care Physician & Phone Number: _____

Are you currently taking prescribed medications? Y / N

If yes, then please explain/describe. _____

List any psychiatric/mental health medications you have taken. Please circle those you are currently taking. _____

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N

If yes, please give the name, dates, and the nature of the issue(s) for which you sought help.

Have you ever been hospitalized for a psychiatric or emotional health reason? Y / N

If yes, please describe. _____

Have you ever been in a drug or alcohol treatment program? Y / N

If yes, please describe. _____

Have you experienced any recent changes in:

- Sleep
- Nightmares
- Amount of Exercise
- Sexual Desire
- Eating/Appetite
- Weight
- Suicidal Thoughts

How would you characterize your overall health?

- Poor
- Fair
- Good
- Excellent

Do you consume any alcohol? Y / N

- Less than 1x/mo
- 1-3x/mo
- 1x/week
- Several x/week
- Every day
- Several x/day

Do you use any street drugs or misuse prescription drugs? Y / N

If yes, which drugs and how frequently?

Family of Choice Information

Relationship status: Single Married/Partnered Divorced Widowed Other: _____

Partner's Name: _____ Age: _____ Date of Birth: _____

Education _____ Occupation _____

Child: _____ Age: _____ Date of Birth: _____

Child: _____ Age: _____ Date of Birth: _____

Child: _____ Age: _____ Date of Birth: _____

Family of Origin Information

Father _____ Age _____ Education _____ Occupation _____

Mother _____ Age _____ Education _____ Occupation _____

Were/are your parents: Divorced Never Married Still Married Widowed

Are either/both of your parents deceased? Y / N _____

If yes, your age at time of their death? _____

Sibling _____ Age _____ Education _____ Occupation _____

Sibling _____ Age _____ Education _____ Occupation _____

Sibling _____ Age _____ Education _____ Occupation _____

Sibling _____ Age _____ Education _____ Occupation _____

Where are you in the birth order of siblings in your family? _____

Family history of:

- Depression
- Eating Disorder
- Sexual Abuse
- Chronic Illness
- Suicide Attempts
- Mental Illness
- Emotional Abuse
- Other _____
- Anxiety
- Violence
- Alcoholism/Addiction

Spiritual Resources

How significant a role does spirituality play in your life?

- None
- Somewhat important
- Significant
- Very Significant

Please describe your current religious affiliation or spiritual practice, if any.

Did religion play a significant role in your family of origin/upbringing? If so, please describe.

Other

Have you ever thought about hurting yourself or actually done so? Y / N

If yes, how recently?

Have you ever thought about hurting someone else or actually done so? Y / N

If yes, how recently?

Tell me about any significant losses that stand out in your life or seem to remain present in your thoughts.

Is there anything else you think I should know about prior to our beginning our work together?
