CLIENT INFORMATION FORM

CLIENT DEMOGRAPHIC INFORMATION

Full Name: _____ Date of Birth: _____/_____/_____

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact—Name: _____ Phone: _____

PRESENTING ISSUE(S)

What is (are) the primary issue(s) of concern that brought you to counseling? _____

_____

How long have you been having these concerns? _____

Referred by: _____

CURRENT LEVEL OF FUNCTIONING (Please evaluate yourself currently and circle the appropriate number.)

0 = Low / 10 = High

Emotionally	0	1	2	3	4	5	6	7	8	9	10
Mentally	0	1	2	3	4	5	6	7	8	9	10
Physically	0	1	2	3	4	5	6	7	8	9	10
Spiritually	0	1	2	3	4	5	6	7	8	9	10
Sexually	0	1	2	3	4	5	6	7	8	9	10
Financially	0	1	2	3	4	5	6	7	8	9	10

MENTAL HEALTH HISTORY

Have you received counseling or psychotherapy previously? ☐ No ☐ Yes If yes, on _____occasions

Longest treatment by: _____ (Provider Name) for _____ (Condition) sessions from _____/_____ (Month/Year) to _____/_____ (Month/Year)

What was beneficial/not beneficial? _____

Has any family member received counseling or psychotherapy? ☐ No ☐ Yes If yes, who (list all): _____

Have you received prior inpatient treatment for a psychiatric or substance use disorder? ☐ No ☐ Yes If yes, on _____occasions

Longest treatment at _____ (Facility Name) for _____ (Condition) from _____/_____ (Month/Year) to _____/_____ (Month/Year)

Has any family member received inpatient treatment for a psychiatric or substance use disorder? ☐ No ☐ Yes Who: _____

Have you ever taken or are you current prescribed any psychotropic medication? ☐ No ☐ Yes If yes:

Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?

Has any family member used psychotropic medications? ☐ No ☐ Yes If yes, who (list all): _____

FAMILY HISTORY (Please check all that apply)

FAMILY OF ORIGIN

Describe parents:	**Father**	**Mother**
Full Name:		
Occupation:		
Education:		
General Health:		

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
Mother	☐	☐	☐
Father	☐	☐	☐
Stepmother	☐	☐	☐
Stepfather	☐	☐	☐
Brother(s)	☐	☐	☐
Sister(s)	☐	☐	☐
Other (specify)	☐	☐	☐

Parents' current marital status:

☐ married to each other
☐ separated for _____ years
☐ divorced for _____ years
☐ mother remarried _____ times
☐ father remarried _____ times
☐ mother involved with someone
☐ father involved with someone
☐ mother deceased for _____ years; client's age at mother's death _____
☐ father deceased for _____ years; client's age at father's death _____

Describe childhood family experience:

☐ outstanding home environment
☐ normal home environment
☐ chaotic home environment
☐ witnessed physical/verbal/sexual abuse toward others
☐ experienced physical/verbal/sexual abuse from others

Special circumstances in childhood: _____

IMMEDIATE FAMILY

Marital status:

☐ single, never married
☐ engaged _____ months
☐ married for _____ years
☐ divorced for _____ years
☐ separated for _____ years
☐ divorce in process ____ months
☐ partner for _____ years
☐ _____ prior marriages (self)
☐ _____ prior marriages (partner)

Intimate relationship:

☐ never been in a serious relationship
☐ not currently in relationship
☐ currently in a serious relationship

Relationship satisfaction:

☐ very satisfied with relationship
☐ satisfied with relationship
☐ somewhat satisfied with relationship
☐ dissatisfied with relationship
☐ very dissatisfied with relationship

List all persons currently living in client's household:

Name	Age	Sex	Relationship

List children <u>not</u> living in same household as client:

Frequency of visitation of above: _____

Describe any past or current significant issues in <u>intimate</u> relationships: _____

Describe any past or current significant issues in other <u>immediate family</u> relationships: _____

SOCIO-ECONOMIC HISTORY (Please check all that apply)

Social Support System:

☐ supportive network of friends
☐ a few friends
☐ substance-use-based friends
☐ no friends
☐ distant from family of origin

Sexual History:

☐ heterosexual orientation
☐ homosexual orientation
☐ bisexual orientation
☐ currently sexually active
☐ currently sexually satisfied
☐ currently sexually dissatisfied

Age of first sexual experience: _____
Age first pregnancy/fatherhood: _____
Additional information: _____

Employment:

☐ employed and satisfied
☐ employed but dissatisfied
☐ unemployed
☐ coworker conflicts
☐ supervisor conflicts
☐ unstable work history
☐ disabled: _____

Financial situation:

☐ no current financial problems
☐ large indebtedness
☐ poverty or below-poverty income
☐ impulsive spending
☐ relationship conflicts over finances

Legal history:

☐ no legal problems
☐ now on parole/probation
☐ arrest(s) not substance-related
☐ arrest(s) substance-related
☐ jail/prison _____ time(s); total time served: _____
describe last legal difficulty: _____

Military history:

☐ never in military
☐ served in military - no incident
☐ served in military - **with** incident_____

Cultural/Spiritual/Recreational History:

Cultural identity (e.g., ethnicity, religion): _____

Describe any cultural issues that contribute to current problem: _____

Are you currently active in community/recreational activities? Yes ☐ No ☐ _____

Were you formerly active in community/recreational activities? Yes ☐ No ☐ _____

Are you currently engaged in hobbies? Yes ☐ No ☐ _____

Do you currently participate in spiritual activities? Yes ☐ No ☐ _____

SUBSTANCE USE HISTORY (Please check all that apply)

Substance use status:

☐ no history of abuse
☐ active abuse
☐ dependence
☐ partial remission
☐ full remission

Family alcohol/drug abuse history:

☐father ☐stepparent/live-in
☐mother ☐uncle(s)/aunt(s)
☐grandparent(s) ☐spouse/significant other
☐sibling(s) ☐children
☐other _____

Substances used:	**First use age**	**Last use age**	**Current Use (Yes/No)**	**Frequency**	**Amount**
☐ alcohol					
☐ amphetamines/speed					
☐ barbiturates/downers					
☐ caffeine					
☐ cocaine					
☐ crack cocaine					
☐ hallucinogens (e.g., LSD)					
☐ inhalants (e.g., glue, gas)					
☐ marijuana or hashish					
☐ nicotine/cigarettes					
☐ PCP					
☐ prescription_____					
☐ other_____					

Substance Abuse Treatment history:

☐ outpatient (age[s] _____)
☐ inpatient (age[s] _____)
☐ 12-step program (age[s] _____)
☐ stopped on own (age[s] _____)

Consequences of substance abuse (check all that apply):

☐ hangovers ☐ withdrawal symptoms ☐ sleep disturbance ☐ binges
☐ seizures ☐ medical conditions ☐ assaults ☐ job loss
☐ blackouts ☐ tolerance changes ☐ suicidal impulse ☐ arrests
☐ overdose ☐ loss of control amount used ☐ relationship conflicts

MEDICAL HISTORY (Please check all that apply)

Describe current physical health: ☐ Good ☐ Fair ☐ Poor

List name of primary care physician:

Name: _____ Phone: _____

List name of psychiatrist: (if any):

Name: _____ Phone: _____

List any medications currently being taken (give dosage & reason):

_____

_____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____

Date: _____ Age _____ Reason _____

Date: _____ Age _____ Reason _____

Do you have a history of head injury? Yes ☐ No ☐

Do you have a history of loss of consciousness? Yes ☐ No ☐

Do you have a history of seizures? Yes ☐ No ☐

Is there a family history of any of the following?

☐ alcoholism ☐ Alzheimer's disease/dementia ☐ birth defects ☐ behavior problems
☐ cancer ☐ drug abuse ☐ diabetes ☐ emotional problems
☐ heart disease ☐ high blood pressure ☐ mental retardation ☐ stroke
☐ thyroid problems ☐ tuberculosis ☐ other: _____

DEVELOPMENTAL HISTORY [Child/Adolescent Clients Only] (Please check all that apply)

Problems during mother's pregnancy:
☐ none
☐ high blood pressure
☐ kidney infection
☐ German measles
☐ emotional stress
☐ bleeding
☐ alcohol use
☐ drug use
☐ cigarette use
☐ other

Birth:
birth weight _____lbs _____oz.
☐ normal delivery
☐ difficult delivery
☐ cesarean delivery
☐ complications: _____
_____

Infancy:
☐ feeding problems
☐ sleep problems
☐ toilet training problems

Childhood health:
☐ chickenpox (age _____) ☐ lead poising (age _____)
☐ German measles (age _____) ☐ mumps (age _____)
☐ red measles (age _____) ☐ diphtheria (age _____)
☐ rheumatic fever (age _____) ☐ poliomyelitis (age _____)
☐ whooping cough (age _____) ☐ pneumonia (age _____)
☐ scarlet fever (age _____) ☐ tuberculosis (age _____)
☐ autism ☐ mental retardation
☐ ear infections ☐ asthma
☐ allergies to _____
☐ significant injuries: _____
☐ chronic, serious health problems: _____

Delayed developmental milestones (Please check only those milestones that did not occur at expected age):

☐ sitting ☐ controlling bowels
☐ rolling over ☐ sleeping alone
☐ standing ☐ dressing self
☐ walking ☐ engaging peers
☐ feeding self ☐ tolerating separation
☐ speaking words ☐ playing cooperatively
☐ speaking sentences ☐ riding tricycle
☐ controlling bladder ☐ riding bicycle
☐ other _____

Emotional / behavior problems (Please check all that apply):

☐ drug use ☐ repeats words of others ☐ distrustful
☐ alcohol abuse ☐ not trustworthy ☐ extreme worrier
☐ chronic lying ☐ hostile/angry mood ☐ self-injurious acts
☐ stealing ☐ indecisive ☐ impulsive
☐ violent temper ☐ immature ☐ easily distracted
☐ fire-setting ☐ bizarre behavior ☐ poor concentration
☐ hyperactive ☐ self-injurious threats ☐ often sad
☐ animal cruelty ☐ frequently tearful ☐ breaks things
☐ assaults others ☐ frequently daydreams ☐ other _____
☐ disobedient ☐ lack of attachment _____

Social interaction (Please check all that apply):

☐ normal social interaction ☐ inappropriate sex play
☐ isolates self ☐ dominates others
☐ very shy ☐ associates with acting-out peers
☐ alienates self ☐ other _____

Intellectual / academic functioning (Please check all that apply):

☐ normal intelligence ☐ authority conflicts ☐ mild retardation
☐ high intelligence ☐ attention problems ☐ moderate retardation
☐ learning problems ☐ underachieving ☐ severe retardation

Current or highest education level _____

Describe any other developmental problems or issues: _____