

Full Name: _____

CLIENT INFORMATION FORM

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

EMOTIONAL/PSYCHIATRIC HISTORY

Have you received counseling or psychotherapy previously?

No Yes If yes, on _____ occasions.

Longest treatment by _____ for _____ sessions from _____/_____/_____ to _____/_____/_____
Provider Name Month/Year Month/Year

Prior provider name	City	State	Phone	What was beneficial/not beneficial?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has any family member received counseling or psychotherapy? If yes, who/why (list all): _____

No Yes

Have you received prior inpatient treatment for a psychiatric, emotional or substance use disorder?

No Yes If yes, on _____ occasions.

Longest treatment at _____ for _____ sessions from _____/_____/_____ to _____/_____/_____
Facility Name Month/Year Month/Year

Inpatient facility name	City	State	Phone	Diagnosis	What was beneficial or not?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any family member received inpatient treatment for a psychiatric or substance use disorder? If yes, who/why (list all): _____

No Yes

Have you ever taken or are you current prescribed any psychotropic medication? If yes:

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

Has any family member used psychotropic medications? If yes, who/what/why (list all): _____

No Yes

Full Name: _____

IMMEDIATE FAMILY

Marital status:

- single, never married
- engaged ____ months
- married for ____ years
- divorced for ____ years
- separated for ____ years
- divorce in process ____ months
- live-in 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 to client
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

List children not living in same household as client:

_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

Frequency of visitation of above: _____

Describe any past or current significant issues in intimate relationships: _____

Describe any past or current significant issues in other immediate family relationships: _____

SOCIO-ECONOMIC HISTORY (Please check all that apply)

Social Support System:

- supportive network
- 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 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: _____

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: _____

Financial situation:

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

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 _____

If answered "yes" to any of above, describe: _____

Full Name: _____

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):

Is there a history of any of the following in the family?

- tuberculosis heart disease
- birth defects high blood pressure
- emotional problems alcoholism
- behavior problems drug abuse
- thyroid problems diabetes
- cancer Alzheimer's disease/ dementia
- mental retardation stroke
- other chronic or serious health problems _____

Do you have a history of head injury? Yes No

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____
Date: _____ Age _____ Reason _____
Date: _____ Age _____ Reason _____

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:

- normal delivery
- difficult delivery
- cesarean delivery
- complications _____
- birth weight ___lbs ___oz.

Infancy:

- feeding problems
- sleep problems
- toilet training problems

Childhood health:

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

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: _____

