

**CLIENT INFORMATION**  
*PLEASE PRINT & COMPLETE ALL SECTIONS*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: F M *RELATIONSHIP STATUS:* SINGLE MARRIED COHABIT SEPARATED DIVORCED WIDOWED

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

NAME & AGE OF SPOUSE/PARTNER: \_\_\_\_\_ YEARS MARRIED/TOGETHER \_\_\_\_\_ IF DIVORCED, HOW LONG? \_\_\_\_\_

NAME & AGE OF CHILDREN: \_\_\_\_\_

SISTERS/BROTHERS & AGE: \_\_\_\_\_

PARENTS & AGE: \_\_\_\_\_

NOTIFY IN AN EMERGENCY: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PREVIOUS PSYCHOTHERAPY? YES NO IF YES, WHEN/WITH WHOM/WHY? \_\_\_\_\_

HISTORY OF TREATMENT/HOSPITALIZATIONS, i.e. drugs/alcohol or suicide ideation: YES NO IF YES, WHEN/WHERE \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE OF LAST PHYSICAL EXAMINATION: \_\_\_\_\_ RESULTS: \_\_\_\_\_

CURRENT MEDICATIONS & DOSAGE ~ NAME OF PRESCRIBING PHYSICIAN: \_\_\_\_\_

DESCRIBE ANY CURRENT/HISTORICAL PHYSICAL SYMPTOMS/PROBLEMS YOU MAY BE EXPERIENCING: \_\_\_\_\_

DAILY ALCOHOL CONSUMPTION: \_\_\_\_\_ NON-PRESCRIPTION DRUGS/MARIJUANA CONSUMPTION: \_\_\_\_\_

DAILY CAFFEINE CONSUMPTION: \_\_\_\_\_ CIGARETTES: \_\_\_\_\_ OTHER ADDICTIONS? \_\_\_\_\_

ANY HISTORICAL FAMILY ISSUES YOU FEEL ARE IMPORTANT THAT MAY BE INFLUENCING YOUR EMOTIONAL STATE: \_\_\_\_\_

OTHER SIGNIFICANT LEGAL/FINANCIAL/CHILD CARE/ELDER CARE ISSUES: \_\_\_\_\_

PRESENTING ISSUE: (CIRCLE) WORK FAMILY MARITAL/RELATIONSHIP EMOTIONAL ALCOHOL/DRUG OTHER: \_\_\_\_\_

THERAPY GOAL: \_\_\_\_\_

MENTAL HEALTH INSURANCE: \_\_\_\_\_ PROVIDER TELEPHONE: \_\_\_\_\_

MEMBER ID # \_\_\_\_\_ SS# \_\_\_\_\_ GROUP NO. \_\_\_\_\_ AUTH # \_\_\_\_\_

SUBSCRIBER? YES NO If NO Who Is? \_\_\_\_\_ COPAY AMOUNT \_\_\_\_\_