Client Information

Name: _____Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____Work telephone or cell: _____

Email _____

Occupation: _____

Spiritual/religious orientation _____None ____

If relevant, on the following scales from 1 to 5, rate the degree of importance for you, from not important at all (1) to very important (5):

How important is this orientation to you? 1 2 3 4 5

Would you like this to be included in counseling? 1 2 3 4 5

Who referred you/ How did you find my name? _____

May I have your permission to thank this person for the referral? Yes □ No □

Family Information

Relationship status: ___ Single ___ Married ___ Partnered

___ Divorced ___ Widowed

Name of partner/spouse: _____

Names of children and their ages: _____

_____

History (please indicate whether relevant to yourself, or to a family member):

_____ Depression _____ Anxiety _____Suicide _____Violence/abuse _____Alcoholism

_____Drug abuse _____ Eating disorders _____ Sexual abuse ____ Other: _____

Significant losses_____

_____

Physical or mental illnesses in your family: _____

_____

Have you ever been diagnosed with a mental illness? _____

Prior counseling? _____ When/ with whom? _____

Reason for ending? _____Current/ pending litigation involvement? _____

Medical/ Health Information

Name/ phone number of primary care physician: _____

Major operations/ illnesses/ injuries: _____

_____

Current medications Dosage Frequency Effectiveness Prescribing Dr.

_____

_____

_____

How would you describe your overall health?

___ Poor ___ Fair ___ Good ___ Excellent

Alcohol/drug use: how much?_____ frequency? _____

Exercise: what kind? _____ how often? _____

Have you experienced recent changes in:

___ Sleep ___ Appetite ___ Sexual desire ___ Physical activity

Information about Your Goals

Please describe the main concerns and issues that have prompted you to see me now:

_____

_____

_____

What are your goals? What would you like to be different in your life as a result of this counseling work?

_____

_____

_____

_____

What else would you like me to know? _____

_____

Signed: _____ Date: _____