Client Date Form

Please fill out the following information entirely and legibly

This information will be kept confidential

Date: _____ Referred by: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/State _____ Zip _____

Phone Numbers: _____ Can we leave messages? _____

Emergency Contact: Name_____ Cell_____

Email Address: _____ Occupation: _____

ETHNICITY (Optional): ◯ Caucasian ◯ African-American ◯ Hispanic ◯ Asian ◯ Other: _____

YOUR PRESENTING PROBLEM/ ISSUES/ CONCERNS?

_____

_____

_____

How would you rate how serious this problem feels to you? (circle one) 1 2 3 4 5

Mildly upsetting Extremely Serious

What goal would you like to accomplish through counseling

_____

_____

_____

CURRENT MARITAL STATUS (circle one):

Single Engaged Married Separated Divorced Widowed

If you are currently married, how long have you been married? _____

If now divorced or widowed, how long *were* you married? _____

How long have you been divorced or widowed? _____

LIVING ARRANGEMENTS:

Living alone ◯ Living with Roommates ◯ Cohabitating ◯
Married-living together ◯ Married-living apart ◯

Who currently lives with you? (Include children, siblings, parents, etc)
Names_____ Ages_____ Relationship to you

SUPPORT NETWORK
Current church affiliation_____

What "Small" or "Support" groups do you currently attend? None
Please list here:

_____

CURRENT WORK HISTORY:
Currently Employed Yes/No Full time ◯ Part time ◯

Occupation:_____

Describe any significant lapses in employment history for the last 5 years:

_____

EDUCATION: Highest grade completed_____

HEALTH HISTORY:

Are you currently seeing or have you seen in the past, a therapist, counselor, psychiatrist, or psychiatrist? Yes No

*Type of counseling/counselor:*_____ *How long?* _____

*Reason for seeking counseling?*_____

*Was it helpful? Explain:*_____

*Name of physician:*_____ *Date(s) of Care:*_____

*Diagnosis?*_____

*Was it helpful? Explain:*_____

Are you currently, or in the past, abused over-the-counter, prescription medications or use illegal drugs? Yes No

List drug/medication & dosage _____ *How long?*_____

List drug/medication & dosage _____ *How long?*_____

Do you drink alcohol? _____ If so, specify what, how much and how often _____

_____

Do you struggle with any addictions? If so, what? _____

_____

Are you currently, or have you in the past past, contemplated or attempted suicide? Yes No

If yes, please explain when situation, and how it was resolved:

What medical information about you should we know? None

Please list Current/Chronic Conditions here: _____

What current medications do you use? None

*List medication & dosage*_____ *How Long?*_____

*List medication & dosage*_____ *How Long?*_____

How often do you exercise?_____

How well do you sleep? 1 2 3 4 5
Poorly Very well

DEVELOPMENTAL HISTORY:

Who raised you?

Number of brothers and/or sisters:

Your birth order:

Family of origin description:

Briefly describe Mom:

Briefly describe Dad:

Please check the following boxes if applicable:

FAMILY HISTORY	FATHER	MOTHER	SELF	SIBLING	GRANDPARENT
Depression					
Suicide or Attempts					
Alcohol Problems					
Drug Problems					
Anger/Violence					
Mental/Emotional Issues					
Heart Disease					

SPIRITUAL DEVELOPMENT HISTORY:

Family:

Self:

LIST OF SYMPTOMS:

Please circle any of the following that have been bothering you lately:

abused as a child	agoraphobia	alcohol use
ambition	anger	anxiety
appetite	being a parent	bowel trouble
career choices	children	compulsions
compulsivity	concentration	confidence
depression	divorce	drug use/abuse
eating problem	education	energy(high/low)
extreme fatigue	fears	fetishes
finances	friends	guilt
headaches	health problems	inferiority feelings
insomnia	loneliness	making decisions
marriage	memory	my thoughts
nervousness	nightmares	obsessive thinking
overweight	painful thoughts	panic attacks
phobias	relationships	sadness
self-esteem	separation	sexual problems
short temper	shyness	sleep
stress	suicidal thoughts	work

Is there anything else you would like us to know about you?

THANK YOU FOR TAKING THE TIME TO HELP US GET TO KNOW YOU. WE LOOK FORWARD TO WORKING WITH YOU!