Client Information Form 1

Today's date: _____

***Note**:* If you have been a patient here before, please fill in only the information that has changed.

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

_____

B. Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

_____

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

How did this person explain how I might be of help to you? _____

_____

_____

C. Religious and racial/ethnic identification

Religious denomination/affiliation: ❑ Protestant ❑ Catholic ❑ Jewish ❑ Islamic ❑ Buddhist

❑ Other (specify): _____

Involvement: ❑ None ❑ Some/irregular ❑ Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____

Or other similar way you identity yourself and consider important: _____

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ❑ Yes ❑ No

(cont.)

E. Your current employer

Employer: _____ Address: _____

Work phone: _____ Calls will be discreet, but please indicate any restrictions: _____

F. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____

G. Your education and training

Dates		Schools	Special classes?	Adjustment to school	Did you graduate?
From	To				

H. Employment and military experiences

Dates		Name of employer	Job title or duties	Reason for leaving
From	To			

I. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Brothers					

(cont.)

Sisters					
Stepparents					
Grandparents					
Uncles/aunts					

J. Significant nonmarital relationships

	Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First					
Second					
Third					
Current					

K. Marital/relationship history

	Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Is spouse remarried?
First					
Second					
Third					

L. Children (Indicate those from a previous marriage or relationship with "P" in the last column. Indicate stepchildren with "S.")

Name	Current age	Sex	School	Grade	Adjustment problems?	P? S?