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Client Information Form

In completing this form, please fill out as much as you are comfortable about your personal history (which we will review in your first session)

Client Name_____ Date_____

Address_____ City_____ Zip_____

Phone: Home_____ Work_____ Cell_____

Birth date_____ Email_____ Marital Status_____

Referred by_____ Employer/School_____

Emergency Contact Information (person, relationship, phone #)_____

(Please use back of form if necessary for any of the following questions):

Medical: Please list any significant health related issues that you have dealt with in your life (currently or in the past). Please include everything, including allergies. _____

Psychological: List all psychological treatment that you have received in the past, including any hospitalizations, etc. with dates if possible.

Substance Use (include your current substance use and frequency):

Current Medications (and prescribing doctor)

Any recent significant changes in your life

How would you assess your current support system? (i.e. average, above, below)

Name_____ Date_____

1. As they currently exist for you, please rate the following symptoms from 1-5 (1=never, 5=all the time) by circling the appropriate number:

low energy level	1	2	3	4	5
difficulty w/ appetite	1	2	3	4	5
difficulty w/ sleep	1	2	3	4	5
low self-esteem	1	2	3	4	5
poor concentration	1	2	3	4	5
feeling hopeless	1	2	3	4	5
restless	1	2	3	4	5
irritability	1	2	3	4	5
muscle tension	1	2	3	4	5
excessive anxiety & worry	1	2	3	4	5
panic attacks	1	2	3	4	5
recurrent distressing recollections of an event	1	2	3	4	5
avoiding social situations	1	2	3	4	5
diminished pleasure in activities	1	2	3	4	5
feelings of worthlessness	1	2	3	4	5
recurrent substance use	1	2	3	4	5
difficulties at school/work	1	2	3	4	5
difficulties w/ family/friends	1	2	3	4	5
suicidal thoughts/feelings	1	2	3	4	5

1a. Other symptoms you are experiencing that are not listed _____

_____

2. What are your goals for therapy?_____

_____

_____

3. Please share a bit about your current level of nutrition and exercise _____

_____

4. Additional comments or concerns you may have _____

_____