Client Information

Please provide the following information and answer the questions below. Please note the information you provide here is protected as confidential information.

Name _____ Birthdate_____ Age_____

Address_____
Street

_____
City Zip Code

Mailing Address if different from above_____

_____

Home Phone_____Work Phone_____

Cell Phone_____

Is it OK to leave messages on your voice mail at home? Yes No

Occupation_____

Place of Employment_____

Marital Status_____

Names and ages of children_____

1. Please list any surgeries, major illnesses or injuries you have experienced.

2. Please list any medications you are currently taking.

3. Have you previously received any type of mental health services? If yes, list dates and focus of previous services.

4. Have you ever been prescribed psychiatric medication? Yes No

If yes, please list and provide dates._____

_____

5. How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

6. How many times per week do you generally exercise? _____

What types of exercise do you participate in? _____

7. How much alcohol do you drink per week?_____

8. How often do you engage in recreational drug use? (please circle)

Daily weekly monthly infrequently never

Drugs used_____

9. Family Mental Health History:

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you (father, grandmother, aunt, brother, etc.)

	Please circle		List family member
Depression	yes	no	
Anxiety	yes	no	
Bipolar	yes	no	
Obsessive Compulsive Behavior	yes	no	
Schizophrenia	yes	no	
Alcohol/Substance Abuse	yes	no	
Domestic Violence	yes	no	
Eating Disorders	yes	no	
Suicide Attempts	yes	no	

10. What significant life changes or stressful events have you experienced recently?

11. What do you consider to be some of your strengths?

12. What do you consider to be some of your weaknesses?

13. How long have you been thinking about starting therapy?

14. What motivated you to take this step of scheduling this appointment?

15. What do you want to get out of therapy?

16. Who referred you to this therapist? _____