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Client Information Form

Date _____ Name _____ D.O.B. _____

Address _____

May I send correspondence here? _____ May I send you my quarterly newsletter? _____

Home phone _____ Work phone _____ May I leave messages for you? _____

Occupation _____ Referred by _____ May I thank them? _____

If Internet, which site? NetworkTherapy___ GoodTherapy___ PsychologyToday___ Google Search___ Other__

This form is for information-gathering only. Your answers will be kept confidential. You will not be judged or diagnosed by your answers, nor expected to maintain the status quo. Feel free to add any other information you think might be useful.

Describe briefly what brings you to therapy.

What are your goals for therapy/how will you know if it is helping?

Have you ever been in therapy before? How was it?

What are your hopes about therapy?

What are your fears about therapy?

How would you describe your circle of friends?

Are you currently in a primary relationship? If so, for how long? Briefly describe the quality of the relationship.

Who lives in your household (# of people/ages/relationships)? Are you happy with this arrangement?

Please describe the strategies you most often use for coping with stress.

Do you have any history of addiction or alcohol/substance abuse? What is your present use?

Do you have any history of sexual abuse? Please describe briefly.

Any history of addiction/alcoholism, sexual or physical abuse, or mental illness in your family?

Have you ever felt or acted suicidal? Please explain.

Please list any significant (to you) accidents, surgeries, and hospitalizations with date/year.

Please describe briefly your spiritual practices/beliefs, if any.

How is your physical health? How is your sleep?

How do you feel about how you eat?

What is your daily caffeine intake?

What kinds of exercise do you get, and how often?

What do you do for fun?

What else should I know about you at this time?

Please list any other health care practitioners you are currently working with.

Please list any medications, supplements, homeopathics, herbs etc. you are currently taking.

Thank you for sharing this information. It will be held in confidence.