

CLIENT INFORMATION AND HISTORY

Please provide the following confidential information requested below which will not be released without client written permission (You may use the back side of this page to write down information in any category. Just note the category & the information with it.)

Personal & Family Information:

NAME: _____ AGE: _____

SINGLE MARRIED DIVORCED SEPERATED WIDOWED Years Married _____

How long separate/divorced _____ Reason for separation or divorce: _____

Any previous marriages? Y N If so, how long were you married? _____ When did you divorce? _____ Why? _____
Date

Father's Age _____ Health: Good Fair Poor Deceased Residence: _____

Mother's Age _____ Health: Good Fair Poor Deceased Residence: _____

Are your parents: Married Divorced Separated Widowed

Stepfather? Y N Stepmother? Y N How long have they been married _____ yrs. Do you get along well? Y N

No. of Brothers _____ Ages: _____ Residence: _____

No. of Sisters _____ Ages: _____ Residence: _____

No. of Chi1dren _____ Ages: _____ Residence: _____ Who with: _____

Is there a family history of: suicide mental health problems domestic violence child abuse sexual abuse?

Has any family member suffered from: depression anxiety alcohol abuse drug abuse emotional abuse?

If so, Who, what specifically was the problem? _____ How long ago was it? _____

Has anyone in your family ever received Psychiatric Treatment/Counseling? Y N if so, please describe who/what/when?

Were there any difficult problems in your childhood? Y N If so, describe: _____

What is your family's religious background? _____ When did you last attend church? _____

Do you practice regularly? Y N Do you feel religion is a support to you enough? Y N Do you Pray? Y N

What grade did you complete in school? _____ Did you graduate? Y N Any college credits/ courses? Y N

Did you or anyone in your family ever have learning problems? Y N If so, what type, and how were you helped with them?

Employment Information: Position _____ Years in position _____ Years at employer _____

Any work related difficulties related to what brought you to counseling? Y N If so, please describe: _____

Legal History: Have you ever been arrested? Y N If so, give details: When? _____ What for? _____

Are you currently involved with legal authorities for any reason? Y N Describe: _____

Have you ever filed bankruptcy? Y N Is so, When? _____ What kind filed? _____ Status: _____

Medical History: Date of last physical: _____ By whom: _____ Results: _____

Current treatment for any medical condition? Y N Describe: _____

Chronic/recurring medical conditions? Y N Describe: _____

Ever had a head injury? Y N Describe: When? _____ How serious was it? Mild Moderate Severe

Medications: Currently taking any medications? Y N

Describe: What kind _____ Prescribed by whom? _____

Have you ever taken any medication for Depression? Y N Describe: _____

Have you ever taken any medication for Anxiety? Y N Describe: _____

Any other psychotropic medication? Y N

Is there a history of thyroid problems in your family? Y N Is there a history of Mitral Valve Prolapse? Y N

Hospitalizations: Have you ever been hospitalized for Medical Health Problems? Y N If so, what for, where and when?

Have you ever been hospitalized for Mental Health Problems? Y N If so, what for, where and when?

Counseling History: Outpatient Y N Crisis Counseling Y N Chemical Dependency Treatment Y N

Describe: When? _____ What for? _____ Where? _____

Describe: When? _____ What for? _____ Where? _____

What did you learn/results you got? _____