

PLEASE COMPLETE AND RETURN

CLIENT INFORMATION DATE _____

The information asked for below is to help me work with you. Please fill out this form as completely as you can. All information will be held in strict professional confidence unless otherwise directed by law

Name _____ Date of Birth _____
Last First Middle

Occupation _____ ; If student, name of school _____

Employer _____

Level of Education & specialty (major) areas _____

In case of emergency, who would you like me to contact? _____

Emergency contact's phone number _____

Please indicate relationship to you _____

Referral Information

How did you learn about my counseling practice? _____

May I send a thank-you note to this referral source and mention your name? _____

PHYSICAL HEALTH

Who is your Physician? _____

Contact info for physician: (optional) _____

Last seen: _____ Why? _____

Serious illnesses, injuries, or surgeries: _____

Do you have any conditions / disabilities that I need to be aware of? _____

What do you do for exercise & what does your diet look like? _____

Please list all medications that you are currently taking and why. _____

SUBSTANCE USE

If you use alcohol or drugs that are not prescribed, please list how much and frequency. _____

Have you been in detox for alcohol or drug intoxication? _____ If yes, # of times? _____

Have you overdosed from alcohol or drug use? _____ If yes, # of times? _____

What are negative consequences you have experienced as a result of using alcohol or drugs? _____

Have you received treatment for alcohol or drug abuse/dependence? _____ If yes, # of times? _____

Names and descriptions of programs _____

What do you think helped from these programs & what do you wish was different? _____

OTHER ADDICTIONS? _____

If yes and you have had treatment, please describe: _____

MENTAL HEALTH

Have you ever worked with a Mental Health Professional? _____ If so, time period? _____

What issues and goals did you work on with the mental health professional? _____

Please describe what was helpful and what you wished was different: _____

Contact info for most recent mental health professional: (optional) _____

Do you have a mental health diagnosis? _____ Please list _____

If you're not sure, what mental health issues have you experienced? (please circle)

- | | | | |
|--------------------|---|--|---------------------------------------|
| anxiety | depression | bipolar (previously called manic depression) | perfectionism |
| paranoia | hallucinations (see or hear things that aren't there) | delusions (bizarre thoughts) | |
| rage/intense anger | low self-esteem | panic attacks | PTSD (post-traumatic stress disorder) |

Other: _____

Have you ever tried to harm yourself? _____ If so, when and how? _____

Have you had a suicide attempt? _____ If so, when and how? _____

Have you ever been hospitalized for mental, chemical or emotional problems? _____ If so,
when? _____ Where? _____

EDUCATION/EMPLOYMENT

1. Do you have a learning disability? If so, please describe _____

2. Do you have attention deficit disorder (A.D.D.)? If so, please describe _____

3. Did you receive special education services or other additional assistance in school (K-12 or college) for a learning, emotional, or physical disability/challenge? Yes or No

If so, please describe _____

4. Do you currently experience challenges and/or receive accommodations in the workplace due to having a disability? Yes or No

If so, please describe _____

GOALS OF COUNSELING

Please tell me what you want to change. _____

How has this been a problem? _____

When did this problem first appear? _____

How have you tried to solve this problem? _____

Why are you seeking help at this particular time? _____

How will you know when the problem is solved? _____

Change is usually difficult. In the past, what strengths and skills have you used to assist you in making changes (or your strengths overall)? They will be helpful in solving this problem.

Who will benefit most from solving this problem? _____

Who might be the first to notice improvement? _____

Other

Hobbies / interests: _____

What brings you meaning or would make life worth living? _____

What are some dreams or accomplishments you want to achieve in your lifetime? _____
