



Client Information Form 1

Today's date: _____

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

B. Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you? _____

C. Religious and racial/ethnic identification

Current religious denomination/affiliation Protestant Catholic Jewish Islamic Buddhist Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____ or other similar way

you identify yourself and consider important: _____

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully

informed and we can coordinate your treatment? Yes No

E. Your current employer

Employer: _____ Address: _____

Work phone: _____ or other means of communication _____

Calls will be discreet, but please indicate any restrictions: _____

F. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____

G. Your education and training

Dates	Schools	Special classes?	Adjustment to school	Did you graduate?
From	To			

H. Employment and military experiences

Dates	Name of employers	Job title or duties	Reason for leaving
From	To		

I. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
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Father

Mother

Brothers

Sisters

Stepparents

Grandparents

Uncles/aunts

Others

J. Marital/relationship history

	Spouse's name	Spouse's age	Your age	Your age when	Has spouse remarried?
First					
Second					
Third					

K. Significant nonmarital relationships

	Name of other person	Person's age	Their age	Your age	Reasons for ending
First					
Second					
Third					
Current					

L. Children Indicate those from a previous marriage or relationship with "P" in the last column.

Name	Current age	Sex	School	Grade	Adjustment problems?
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M. Is there any other information you think we should know?

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.