

**Client Information**

**Date:**

**PERSONAL DATA**

<b>Client Name (s):</b>	<b>Cell Phone:</b>
<b>Address:</b>	<b>Home Phone:</b>
	<b>Work Phone:</b>
<b>DOB &amp; Age:</b>	<b>Email:</b>
<b>Reason for therapy:</b>	
<b>Contact Person in the event of an emergency</b>	<b>Referral Source:</b>
<b>Name:</b>	
<b>Phone Number:</b>	
<b>Relationship to you:</b>	

**Cancellation Policy**

A 24-hour advance notice is required for cancellation of your scheduled appointment.  
A missed appointment fee will be charged at FULL FEE.

**Signature of Patient (or Parent):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please answer the following questions that may be relevant to therapy:** (use back if necessary)

Have you previously been involved in mental health therapy or treatment? If so, please describe the reason for seeking treatment, when and how long you attended, the treatment type, and if you felt the treatment was helpful.

Do you have any history of suicidal ideation or suicide attempt?

Are you currently taking any prescribed medications? Or have you taken in the past? Please briefly list the dates, medications, reason for taking, who prescribed, and if the medications were helpful.

Please describe any medical conditions that are being treated by a physician, including any history of hospitalizations or major accidents.

Briefly describe family members present during childhood, including relationship to parents and/or siblings, and parents' current marital status and occupation (if applicable).

Has any family member had inpatient or outpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, please explain.

Have you experienced any significant life changes or stressful events recently or in the past that you would like me to know about?

Please list all people currently living with you, including their name/age/relationship to you.

Please describe your current relationship status (Never been in a serious relationship, not currently in a relationship, currently in a serious relationship). What is your satisfaction with your relationship (if applicable)? Any sexual concerns?

Please describe your support system. (Supportive network, few friends, no friends).

Please briefly describe your educational history including highest degree completed and any history of learning disabilities/difficulties.

Please briefly describe your employment history including current occupation, number of years employed there, current work difficulties, and any past work history of note.

Do you have current legal problems or previous legal history? If yes, please explain.

Do you (or others in your life) have any concerns about your alcohol or drug use? If yes, please explain.

To what extent does your cultural identity (i.e., ethnicity, nationality, etc) play an important role in your life?

To what extent does your religious or spiritual preference play an important role in your life?

What are your personal strengths or positive personality attributes?

Where do you get your energy? What are you most passionate about?

What do you find works for you to release stress?

What do you hope to achieve during this therapeutic process?

Is there anything else you would like me to know about you that may be important for this process?