

### Client Information Form 1

Today's date: \_\_\_\_\_

**Note:** If you have been a patient here before, please fill in only the information that has changed.

#### 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 From To		Schools	Special Classes?	Adjustment to School	Did you graduate?

**H. Employment and military experiences**

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

**I. Family-of-origin history**

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Brother(s)					
Sister(s)					
Stepparents					

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Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Grandparents					
Uncles/Aunts					
Others					

**J. Marital/relationship history**

	Spouse's Name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Is spouse remarried?
First					
Second					
Third					

**K. Significant nonmarital relationships**

	Name of other person	Person's age when started	Your age when started	Your age when ended	Reason for Ending
First					
Second					
Third					
Current					

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

Name	Current age	Sex	School	Grade	Adjustment problems?	P? S?

**M. Is there any other information you think we should know?**