

# Client information Form

Date:

Name:

*Please answer questions below with as much accuracy as you can and to the best of your knowledge.*

What are the symptoms/presenting problem(s) that brings you in today?

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How long has this been going on, approximately?

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Have you seen a therapist before? If so, when and how often?

Yes:

No:

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Any history of hospitalizations for psychiatric treatment?

Reason

Age

Year

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Have you received a mental health diagnosis from a mental health professional before?

If so, please list diagnoses.

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Is there mental illness or other mental health struggles in your family history?

If so, please describe below the family member and mental health issues.

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Have you had any traumatic experiences in your past or recently?

See list below and check all that apply.

Sexual abuse or assault		Witness to domestic violence	
Physical abuse or assault		Victim of Community Violence	
Emotional abuse/psychological maltreatment		Witness to community violence	
Neglect		School violence	
Serious Accident		Natural/manmade disaster(s)	
Serious Illness/Medical Procedure		Forced Displacement	
Victim of Domestic Violence		Grief/loss	

If you are comfortable with disclosing traumatic experiences, please describe the events/incidences below briefly.

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Please describe any medical conditions you may have been diagnosed with.

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Are you presently taking prescribed medications? If so, please list below.

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Any history of substance abuse? Yes:    No:    If so, what substances?

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Did you receive treatment for substance abuse? Yes:    No:    If so, please describe/list below.

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Any present or past legal issues or encounters with the law?

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Social History/Sociodevelopmental

Delayed developmental milestones (check all that apply)

Sitting		Standing		Rolling over	
Speaking		Walking		Riding bicycle	
Engaging peers		Toilet training		Tolerating separation	

Social interaction (check all that apply to you as a child)

Normal interaction		Very shy		Outgoing	
Inappropriate sex play		Dominated others		Friendly	
Isolated self		Had acting out friends			

Social interaction (check all that apply to you as an adolescent)

Normal interaction		Very shy		Outgoing	
Isolated self		Dominated others		Engaged	

Emotional/behavioral problems (check all that apply to you as a child)

Drug use		Disobedient		Self-injurious acts	
Alcohol use		Distrustful		Fire-setting	
Stealing		Hostile/angry		Anxious	
Often sad		Impulsive		Extreme worrier	
Violent temper		Indecisive		Frequently daydreamed	
Easily distracted		Hyperactive			

Intellectual/academic functioning (check all that apply to you as a child)

Average intelligence		Learning disability		Other	
High intelligence		Special education			

*If checked other than average intelligence, please describe below.*

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Socio-Economic History (check all that apply)

Housing adequate		Poverty	
Homeless		Employed/satisfied	
Dependent on others for housing		Employed/dissatisfied	
No current financial problems		Unemployed	
Large indebtedness			

Social Support System

Supportive network		No friends	
Few friends		Close friends	
Substance-use-based friends		Acquaintances	



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Answer to the best of your ability. Use "N/A" if not applicable. Use "unknown" if unsure what to answer.

Age/generation: \_\_\_\_\_

Disability Status (developmental): \_\_\_\_\_

Disability Status (acquired): \_\_\_\_\_

Religion & Spiritual Orientation: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Socioeconomic Status (financial stability high, middle, low): \_\_\_\_\_

Sexual Orientation (heterosexual, bi-sexual, etc.): \_\_\_\_\_

Indigenous Heritage (i.e., Native American Tribe): \_\_\_\_\_

History of Education, i.e., high school diploma, bachelors degree, masters degree, technical training, apprenticeship.

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History of type of jobs worked

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Present employment status, who you work for & job title

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