

Client Information Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Birthdate: \_\_\_\_\_ Relationship Status:  In committed relationship

Married

Single

Divorced

Widowed

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Number of Children  Ages \_\_\_\_\_

Are you currently taking prescribed medication? Yes  No

If yes, please indicate: \_\_\_\_\_

Have you previously been prescribed medication for mental health concerns? Yes  No

Have you previously received psychological counseling elsewhere? Yes  No

If yes, please indicate with whom: \_\_\_\_\_

Do you use any drugs (e.g., tobacco, alcohol, marijuana, cocaine, etc.)? Yes  No

If yes, please describe: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Telephone number of above person: Home \_\_\_\_\_ Work \_\_\_\_\_

Please list three goals you would most like to achieve in counseling:

- 1.
- 2.
- 3.

## FAMILY EXPERIENCES

Below is a list of experiences which may occur in families. Please read each item carefully. Some of these may have been true at one point in your life but not true at another point. Think about your childhood and your adolescence. If the experience happened in your family during either of these periods, please check the space corresponding to "Yes." If the experience never happened in your family, please check the space corresponding to "No." If you are unsure whether the experience occurred in your family at some time, please check "Unsure."

|   | Yes | No  | Unsure |
|---|-----|-----|--------|
| 1. Parents divorced or permanently separated .....            | ___ | ___ | ___    |
| 2. Family frequently moved .....                              | ___ | ___ | ___    |
| 3. Parent(s) unemployed for an extended period of time .....  | ___ | ___ | ___    |
| 4. Frequent, hostile arguing among family members .....       | ___ | ___ | ___    |
| 5. Death of parents(s) .....                                  | ___ | ___ | ___    |
| 6. Family member with a drinking problem .....                | ___ | ___ | ___    |
| 7. Family member with a drug problem .....                    | ___ | ___ | ___    |
| 8. Family member with a gambling problem .....                | ___ | ___ | ___    |
| 9. Physical abuse in your family .....                        | ___ | ___ | ___    |
| 10. Sexual abuse in your family .....                         | ___ | ___ | ___    |
| 11. Sexual assault of yourself or family member .....         | ___ | ___ | ___    |
| 12. Family member with an emotional problem .....             | ___ | ___ | ___    |
| 13. Family member hospitalized for emotional problem(s) ..    | ___ | ___ | ___    |
| 14. Family member diagnosed with a mental disorder .....      | ___ | ___ | ___    |
| 15. Family member attempted/completed suicide .....           | ___ | ___ | ___    |
| 16. Family member with a debilitating illness or injury ..... | ___ | ___ | ___    |
| 17. Family member prosecuted for criminal activity .....      | ___ | ___ | ___    |
| 18. Family member with an eating problem .....                | ___ | ___ | ___    |

