

## 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 . . . . .	___	___	___