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Client Information Summary

Your Name:_____
Date:_____

Address:_____
City: _____ Zip: _____

Telephone: Home: _____ Cell: _____
Email:_____

Preference for message: Home ___ Cell ___ Is texting appointment info ok? Y__ N___
Would you like appointment reminders? Y__ N__ Via text or email? Text__ email__
Birth Date: _____ Current Age: __ Gender Identity: _____ Sexual Orientation:_____

Who should I contact in case of emergency? _____
Phone Number(s)?_____

What is this person's relationship to you? _____

How were you referred to this practice? _____
May I thank them for the referral? _____

What is/are your racial/ethnic/cultural identification(s)? _____
_____

Please briefly describe your religious/spiritual belief system: _____
_____
_____

How much school have you completed? _____
Are you currently in school? _____

What is your occupation? _____

How satisfied are you with your occupational situation? _____

What is your current relationship situation? _____
(single, dating, married, living with partner, separated, divorced, widowed, etc.)

How satisfied are you with your current relationship situation? _____

Who lives in your home? (name, age, relationship)_____
_____
_____

Are you satisfied with your current living situation? _____

Do you have any children? _____ If yes, do they live with you? _____
Do you have any adult children who do not live with you? _____

Please list any current or past legal involvement: _____
_____
_____
_____
_____
_____

Are you currently under the care of a physician? _____
Please list any current medical conditions or concerns: _____
_____
_____
_____
_____

Please list any significant health events that have occurred in your life (hospitalizations, surgeries, accidents warranting medical visits): _____
_____
_____
_____
_____

What medications do you take, including prescriptions, over-the counter medications, vitamins, and herbal remedies? (please list medication, dose, frequency) _____
_____
_____
_____

Please list any holistic treatments in which you regularly engage (massage, chiropractor, aromatherapy, acupuncture, etc.) include treatment & frequency: _____
_____
_____
_____

How much alcohol do you drink? (type, amount, frequency) _____
_____
_____

How would you rate your alcohol use? heavy___ moderate___ occasional___ rare___

How much marijuana or other substances do you use? (type, amount, frequency) _____
_____
How would you rate your use? heavy___ moderate___ occasional___ rare___

Have you ever thought you should seek treatment for alcohol/substance use? _____
Have you ever sought treatment for alcohol/substance use before? _____
If you've engaged in alcohol/substance abuse treatment, please describe with whom you worked and when: _____
_____
_____
_____

Has there ever been legal involvement as a result of any alcohol/substance use? (DUI, DWAI, etc.) _____
Are those substance related legal issues resolved or ongoing? _____
How were the substance related legal issues resolved (jail, classes, probation, etc)? _____
_____

Have you ever sought treatment for emotional or psychological concerns? _____
If yes, please describe with whom you worked and when: _____
_____
_____
_____

Have you ever spent time in a hospital for emotional concerns? _____
If yes, please describe: _____
_____
_____
_____
_____

Have you ever seriously considered suicide? ____ If yes, when? _____
Have you ever attempted to end your life? _____ If yes, when? _____
_____

Are you currently having thoughts of ending your life/harming yourself or harming others? _____
_____

Is there a history of mental health concerns or substance abuse in your family? _____
If yes, please describe: _____
_____
_____
_____

What significant traumatic events have you experienced in your lifetime? _____
_____
_____
_____
_____
_____

In your own words, please briefly describe the concerns that bring you here—be sure to indicate any recent changes in behavior (appetite, sleep, concentration, energy, mood):

What do you hope will change in your life as a result of counseling? In other words, what are your goals for treatment? _____

What is working well in your life right now? _____

What are your personal strengths/inner-resources & outside resources? _____

Who or what is helping to emotionally support you at this time? _____

What other information, if any, is important for me to know? _____