

CLIENT HISTORY FORM

Please complete this form on your computer, print it out, and bring it to your first appointment. The information you provide on this form is confidential and will not be given to anyone without your written permission.

Personal Information

Name:

Social Security #:

Gender:

Date of Birth:

Age:

Marital Status:

Race:

Ethnic/Cultural background:

Religious or spiritual orientation:

Address:

Email address:

Cellular Phone #:

Home Phone #:

May I leave a message on your answering machine or voicemail?

In case of emergency, whom may I contact?

Name:

Phone number:

Relationship to you:

Referral source:

Family and Living Arrangements

Family / Significant Others

Please complete the table below for all family members, relatives, and other individuals who live in your home or are an important part of your life. Indicate the person's relationship to you (e.g., mother, stepfather, boyfriend, sister, grandmother), his or her age, whether he or she is currently alive, and whether he or she lives with you.

Relationship	Name	Age	Alive?	Lives with you?

Please describe any recent family changes or stressors (for example, moving, marriage, divorce, birth or adoption of a child, death of a family member).

Education

Are you currently in school?

If so, what school do you attend?

What is your current grade or year in school?

What is your major?

What is your grade point average?

Please describe any recent changes in your school performance.

Please list all schools, colleges, and universities you have attended, including dates of graduation and majors.

Employment

Do you currently have a job?

If so, where do you work?

What is your job title?

How many hours per week do you work?

How long have you been employed?

Please describe any recent changes in your job performance (for example, more absences, tardiness, increased or decreased productivity, difficulty concentrating, conflicts with coworkers).

Social Functioning

Are you currently involved in a romantic relationship? If so, how long have you been in this relationship?

Are there any problems or stressors in your romantic relationship? If so, please describe.

Are there any problems or stressors with your friends, classmates, or peers? If so, please describe.

Please describe any recent changes in your social functioning (for example, feeling lonely, withdrawing from friends, arguing with people).

Please list your hobbies and personal interests.

Please list any clubs, teams, social or spiritual organizations, or other extracurricular activities in which you participate.

Medical Information

Please list all medical illnesses, conditions, or disabilities.

Have you ever been hospitalized? If so, please list dates and reasons for hospitalizations.

Have you ever had surgery? If so, please list dates and reasons for surgery.

Please list all current medications that you are taking for any reason, including medicine for medical or mental health conditions, birth control pills, vitamins, and supplements.

Mental Health Information

Have you ever been diagnosed with a mental or emotional problem, such as depression, anxiety, ADHD, bipolar disorder, or an eating disorder? If so, please describe.

Please describe any prior experiences with psychotherapy or other mental health treatment, including dates, names of providers, and outcome.

Do you have any learning disabilities or other special needs? If so, please describe.

Has anyone in your family been diagnosed with or treated for mental or emotional problems? If so, please list the family member(s), the type of problem, and approximate date(s).

Why are you seeking psychotherapy at this time?

Please describe any problems or symptoms you are currently having (for example, insomnia, depression, trouble concentrating, panic attacks, negative thoughts about yourself, relationship problems).

What are your goals for therapy?