



CONFIDENTIAL CLIENT INFORMATION

Sharing information about yourself is will help me understand why you are here. Please answer the following questions before your first appointment. Thank you.

Name: _____ Date: _____

Briefly describe your reasons for seeking help: _____

List previous psychotherapists, psychiatric hospitalizations, or suicide attempts (include reasons, dates and outcomes): _____

What was helpful or unhelpful about this treatment? _____

List any major changes in your life in the last two years: _____

List any significant difficulties or bad experiences from childhood onward: (If extensive, please use the back side of this page) _____

How often do you use or do (what is your pattern of involvement with):

Alcohol: _____

Cigarettes/tobacco: _____

Coffee/caffeine: _____

Other addictive substances: _____

Gambling: _____

Television/internet: _____

Other addictive activity: _____

How do you exercise and how often? _____

How do you relax and how often? _____

How much do you sleep? _____

Describe your overall health: _____



My primary physician is (name, address, and phone): _____

My last complete physical was on _____ with Dr. _____

My last doctor's visit (other than a physical) was on _____ with Dr. _____

Have you experienced (please check)?

Motor Vehicle Accident _____ Concussion _____ Assault _____ Sexual Assault _____ Surgery _____

General Anesthesia _____ Abuse (emotional or physical) _____ Witness a horrific event _____

Natural Disaster _____ War/Military action _____ Animal Attack _____ Complications with

Pregnancy and/or birthing _____ Other trauma experience _____

Do you have any allergies? Yes _____ No _____

List all medications/supplements you are now taking, both prescription (including birth control pills) and over-the-counter (such as aspirin, allergy medication, etc.):

<u>Medication/Supplement</u>	<u>Dosage</u>	<u>Reason</u>

Note any other health problems: _____

List the persons currently living in your home, including yourself:

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Relationship to you</u>	<u>Occupation</u>	<u>Education</u>
(Myself)			(Myself)		

List previous spouses or children not at home, their current ages, and locations: _____

