CLIENT INFORMATION FORM

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Welcome. Please complete as much or as little of this form as you like. The information you choose to share will remain confidential.

Name: _____DOB: _____ Age:_____
Local Address:_____

Preferred Phone: _____ OK to leave message? Y / N
Secondary Phone: _____ OK to leave message? Y/ N
Email Address: _____ OK to contact at this address? Y / N
Emergency Contact (name, phone, relation): _____
_____

REASON FOR SEEKING TREATMENT:

_____
_____
_____
_____
_____

PREVIOUS PSYCHOLOGICAL TREATMENT: Please list all past psychological treatment, including any hospitalizations (include reasons, timeframe, and effectiveness):

_____
_____
_____
_____
_____

CURRENT MEDICATIONS: Please list all current medications you are using, including the dosage, frequency, and reason for use:

_____
_____
_____
_____

Name of prescriber: _____ Telephone number: _____

CURRENT ISSUES OF CONCERN: Please check all of the following items which are concerns at this time, and circle those which are most important:

__Abortion issues	__Grief	__Romantic relationship issues
__Academic issues	__Guilt	__Relationship violence
__Advisor/faculty concerns	__Harassment	__Religious/spiritual concerns
__Aggressive behavior	__Health, medical concerns	__Self-injury
__Anger	__Hallucinations	__Self-neglect, poor self-care
__Anxiety	__Identity issues	__Sexual assault
__Body image	__Impulsive , out of control	__Sexual concerns
__Career concerns	__Independence from parents	__Sexual harassment
__Children concerns	__International student concerns	__Sexual orientation/identity
__Compulsive behaviors	__Irresponsibility	__Sexually transmitted infection
__Computer use	__Learning disability	__Shame
__Concentration	__Legal problems	__Shyness/social anxiety
__Decision making	__Loneliness	__Smoking, tobacco use
__Depression	__Memory problems	__Sleep problems
__Divorce, separation	__Mood swings	__Stress
__Drug use	__Motivation	__Suicidal thoughts
__Eating problems	__Overly responsible to others	__Tiredness, fatigue
__Emptiness	__Panic attacks	__Violent thoughts
__Family relationships	__Perfectionism	__Withdrawing, isolation
__Fearing failure	__Peer relationship concerns	__Worthless feeling
__Fears, phobias	__Pregnancy	__Other (write in below)
__Financial problems	__Procrastination	
__Gambling	__Racial/ethnic concerns	