

**CLIENT INFORMATION FORM**

**Alexander M. Afram, Ph.D.**

1112 16th Street NW, Suite 440

Washington, DC 20036

(571)-882-1648

*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 CONCERNS:** Please check all items which are concerns at this time:

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	