

Confidential Client Information Form

Contact Information

Legal Name:

Preferred Name (if different):

Street Address:

Okay to send mail? Yes/No

City/State/ZIP:

Age:

DOB:

Email Address:

Okay to send email? Yes/No

Primary Phone:

Home/Work/Cell (circle one)

Is it okay to leave detailed message? Yes/No

Secondary Phone:

Home/Work/Cell (circle one)

Is it okay to leave detailed message? Yes/No

Please provide a password only you and I will know in case I have trouble verifying your identity/security to proceed with an online session:

Name of the person I should call in case of an emergency:

Phone:

Relationship:

Medical Information

MD:

Phone:

Diagnosis/Medications:

Psychiatrist:

Phone:

Diagnosis/Medications:

Personal Information

Sex:

Gender:

Preferred Gender Pronoun(s):

Sexual Orientation:

Ethnic/Cultural Identification:

Religious/Spiritual Affiliation:

Disability Status:

Occupation/Employer:

Partner(s)/Relationship Status:

Who referred you to me or how did you hear of my practice?

Background Information

Current reason(s) for seeking therapy:

What are your related goals? How attainable do those feel at this time?

Estimate the severity of the problem for which you are seeking care:

___Mild ___Moderate ___Severe ___Very Severe

Have you previously been in psychotherapy?

When and for what issues?

Was it helpful? (Why or why not?)

Do you have any previous suicide attempts, self-destructive behaviors, or violent behaviors? (Indicate age, circumstances, and whether it led to hospitalization or legal problems).

Please list any past/present drug and alcohol use. What have you used and how much? What are you currently using and how much? Has it ever affected your work or your relationships?

Have you ever been hospitalized? If so, when? Please describe:

Relationships

Do you live with others?

What is their relationship to you?

Present Spouse/Partner(s) first name(s), occupation(s), how would you describe your relationship satisfaction?:

Do you have children? If so, what are their names and ages?

How would you describe those relationships?

Are there any other current relationships that are a significant focus in your life right now? Please describe:

Please take the time to draw a rough family tree/genogram (or write out names and relationships if you prefer to make a list). Make a legend to indicate family members you feel particularly close to and family members you struggle with. Which people or relationships feel particularly charged as you draw them out?

Other

What are your main worries or fears?

What do you consider your main strengths?

What are your primary challenges right now?

What are your most important hopes or dreams?

Please add any additional information that may be helpful to our work together.