

Confidential Client Information Form

Contact Information

Date:

Name:

Street Address:

OK to send mail? Y N

City/State/Zip Code:

Date of Birth/Place

OK to call?

OK to leave message?

Home Phone:

Y N

Y N

Work Phone:

Y N

Y N

Cell Phone:

Y N

Y N

OK to email?

Email:

Y N

Please provide a name and phone number of whom to call in case of an emergency:

Client Information Form

Insurance Information

Policy #1

Who is the Insured Party?

Relation to You:

(If not you) Date of Birth:

and Social Security #:

Insurance Company:

Policy/ID #:

Effective Date:

Policy #2

Who is the Insured Party?

Relation to You:

(If not you) Date of Birth:

and Social Security #:

Insurance Company:

Policy/ID #:

Effective Date:

Referral Information

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

Current reason(s) for seeking therapy:

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

Mild

Moderate

Severe

Very Severe

How many sessions or how much time do you think you might need to successfully resolve this problem?

1-10 sessions

20 or more sessions

10-20 sessions

ongoing, longer-term therapy

Client Information Form

Health Information

Have you ever been hospitalized? (If yes, please provide details):

Are you currently taking any medications? (Please list names, dosages and prescribing doctor's):

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?

Client Information Form

Relationships

Do you live with others? What is their relationship to you?

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

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

Other

What are your main worries or fears?

Your main strengths?

Your most important hopes or dreams?