

### Client Information Form

Today's date: \_\_\_\_\_

**Note:** If you have been a client here before, please fill in only the information that has changed.

#### A. Identification

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred name and pronouns: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

Insurance company: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Copay: \_\_\_\_\_

#### B. Referral: Who gave you our name?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May I have your permission to thank this person for the referral?  Yes  No

#### C. Religious and racial/ethnic identification

Current religious denomination/affiliation (if important to you): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_

Gender identity: \_\_\_\_\_

#### D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May I coordinate care with your medical doctor?  Yes  No

#### E. Your current employer

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

**F. Emergency information**

If some kind of emergency arises and I cannot reach you directly, or I need to reach someone close to you, whom should I call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Significant other/nearest friend or relative not residing with you: \_\_\_\_\_

**G. Your education and training**

Dates	Schools	Special classes? Adjustment to school? Did you graduate?
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**H. Employment and/or military experiences**

Dates	Name of employers	Job title or duties	Reason for leaving
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**I. Family-of-origin history**

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
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Father  
Mother  
Brothers

Sisters

Stepparents

Grandparents

Uncles/aunts

Others

**J. Marital/relationship history**

	Spouse's name	Spouse's age at marriage	Your age at marriage	Has spouse remarried? Divorced/widowed
First				
Second				
Third				

**K. Significant nonmarital relationships**

	Name of other person	Person's age when started	Your age when started	Reasons for ending relationship
First				
Second				
Third				
Current				

**L. Children**

Indicate those from a previous marriage or relationship with "P" in the last column.

Name	Age	Sex/Gender	Grade	Adjustment problems?	P?
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**M. Is there any other information you think I should know?**

