

## Adult Client Information Form 1

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

Note: If you were a patient here before, please fill in only the information that has changed.

### A. Identification

Your legal name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Other names you have used (maiden, nicknames, aliases): \_\_\_\_\_

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

Home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's license #: \_\_\_\_\_  Other ID #: \_\_\_\_\_ State: \_\_\_\_\_

Disability status: \_\_\_\_\_  Talk about later

Gender identity: \_\_\_\_\_  Talk about later

Sexual orientation: \_\_\_\_\_  Talk about later

Racial/ethnic identities: \_\_\_\_\_  Talk about later

Religious/spiritual traditions or identity: \_\_\_\_\_  Talk about later

Other ways you identify yourself and consider important: \_\_\_\_\_

### B. Emergency information

If some kind of emergency arises and we cannot reach you, whom should we call?

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

### C. Referral

Who gave you my name to call? Name: \_\_\_\_\_

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

How did this person explain how I might be of help to you? \_\_\_\_\_

Is this person's relationship with you  personal or  professional?

If professional, may I let this person know that you have come to see me?  Yes  No

### D. Current problems or difficulties

Please describe the main difficulties that led to your coming to see me: \_\_\_\_\_

When did these problems start? \_\_\_\_\_

(continued)

What makes these problems worse? \_\_\_\_\_

What makes these problems better? \_\_\_\_\_

With therapy, how long do you think it will take for these to get a lot better? \_\_\_\_\_

**E. Your medical care**

From whom, or where, do you get your medical care? Clinic/doctor's name: \_\_\_\_\_

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

Results of your last physical exam: \_\_\_\_\_

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

Rate your general level of health:  Excellent  Good  Fair  Poor  Extremely poor

Current medications	For what condition?	Prescribed and supervised by:

**F. Your education and training**

How many years of school have you had (including elementary and high school)? \_\_\_\_ years

Degrees/certificates: \_\_\_\_\_ Field(s) of study: \_\_\_\_\_

**G. Employment and military experiences**

Current occupation: \_\_\_\_\_

Current employer: \_\_\_\_\_ Date hired: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Previous employment history

From (date)	To (date)	Name of employer	Job title or duties	Reason for leaving

Present salary: \$ \_\_\_\_\_ Total family income: \$ \_\_\_\_\_ How much debt do you have? \$ \_\_\_\_\_

(continued)

Have you ever declared bankruptcy?  No  Yes. When? \_\_\_\_\_ Why? \_\_\_\_\_

Have you been in the military?  No  Yes: From: \_\_\_\_\_ to: \_\_\_\_\_ Highest rank held? \_\_\_\_\_

**H. Family-of-origin history**

**1. Members of your family as you grew up**

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Parent/Guardian 1					
Parent/Guardian 2					
Stepparents					
Brothers					
Sisters					
Grandparents					
Uncles/aunts					

If you were adopted or raised by other than your biological parents, how old were you when this started? \_\_\_\_\_

Briefly describe your relationship with your brothers and/or sisters: \_\_\_\_\_

Which of the following best describes the family in which you grew up?  Warm/accepting  Average  Hostile/fighting  Other: \_\_\_\_\_

**2. Parent/Guardian 1 Name:** \_\_\_\_\_

Please describe this caregiver: \_\_\_\_\_

(continued)

How did this person discipline you? \_\_\_\_\_

How did this person reward you? \_\_\_\_\_

How much time did this person spend with you when you were a child?  A lot  Average  Little

How did you get along with this person when you were a child?  Poorly  Average  Well

How do you get along with this person now?  Poorly  Average  Well  Does not apply

Did this person have any problems (e.g., alcoholism, violence) that may have affected your childhood development?  Yes  No  Don't know

Is or was there anything unusual about this relationship?  No  Yes: \_\_\_\_\_

**3. Parent/Guardian 2 Name:** \_\_\_\_\_

Please describe this caregiver: \_\_\_\_\_

How did this person discipline you? \_\_\_\_\_

How did this person reward you? \_\_\_\_\_

How much time did this person spend with you when you were a child?  A lot  Average  Little

How did you get along with this person when you were a child?  Poorly  Average  Well

How do you get along with this person now?  Poorly  Average  Well  Does not apply

Did this person have any problems (e.g., alcoholism, violence) that may have affected your childhood development?  Yes  No  Don't know

Is or was there anything unusual about this relationship?  No  Yes: \_\_\_\_\_

**I. Your significant nonmarital relationships (past and present)**

Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending

**J. Marital/couple relationship history**

	Spouse's/partner's name	His/her age at marriage	Your age at marriage	Your age when divorced/widowed	Has he/she remarried?
First					
Second					

(continued)

**K. Children**

In the last column below, indicate those from your current marriage with "Y," those from a previous marriage or relationship with "P," and your current stepchildren with "S."

Name	Current age	Sex	School	Grade	Adjustment problems?	Yours? Previous? Step?

**L. Religious concerns**

What role, if any, does faith or spirituality play in your life? \_\_\_\_\_

What is your present religious affiliation, if any? \_\_\_\_\_

**M. Other**

Is there anything else that is important for me to know about, and that you have not written about on any of these forms?  No  Yes, and I have written about it on another sheet of paper.

*This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.*

