



Adult Client Information

Today's date: _____

Identification

Client name: _____ Date of birth: _____ Age: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ e-mail: _____

Referral: How did you hear about us? _____

Medical care:

Primary Care Physician: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Other Specialist: _____ Phone: _____

Current employer or school

Name of employer/school: _____ Location/District: _____

Title/Position: _____

Family

Current spouse/significant other: _____

Children living with you (include ages): _____

Prior spouse/significant other: _____

Children not living in your home: _____

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

Emergency information

If some kind of emergency arises and we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Clinical Information

Chief concern

Please describe the main difficulty that has brought you to see me: _____

Treatment History

Has the client ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, please indicate:		
When?	From whom?	For what?	Results?
_____	_____	_____	_____
_____	_____	_____	_____

Has the client ever taken medications for psychiatric or emotional problems? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate:			
Medication	Dates Taken?	For what?	Results?
_____	_____	_____	_____
_____	_____	_____	_____

Has the client ever received psychological testing, such as for ADHD?

Date of Evaluation?	From whom?	Results?
_____	_____	_____
_____	_____	_____

Has the client received assessment or treatment for Occupational Therapy, Speech Therapy, or Music Therapy?

Date of Evaluation?	From whom?	Results?
_____	_____	_____
_____	_____	_____

Legal history

Are you presently suing anyone or thinking of suing anyone? No Yes. If yes, please explain: _____

Is your reason for coming to see me related to an accident or injury? No Yes If yes, please explain: _____

Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes. If yes, please explain: _____

Are there any other legal involvements I should know about? _____

Is there any other information you think I should know?

Thank you for taking the time to complete this information.