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## Client Information Form 1

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

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

### A. Identification

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

Nicknames or aliases: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Home/evening phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

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### B. Referral: Who gave you my name to call?

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

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

### C. How are you paying for services? Self-Pay or Insurance

If Insurance, please provide details below

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Card ID#: \_\_\_\_\_ Group ID#: \_\_\_\_\_

### D. Religious and racial/ethnic identification

Current religious denomination/affiliation:  Protestant  Catholic  Jewish  Islamic  Buddhist

Hindu Other (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life?

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Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_ or other similar  
way you identify yourself and consider important: \_\_\_\_\_

### E. Emergency information

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

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

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

**F. Your education and training**

From	To	Name of Schools	Special classes attended?	Did you graduate?	Graduation Date

**G. Employment and military experiences**

From	To	Name of employers	Job title or duties	Reason for leaving

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

Relative	Name	Current age	Name	Current age
<b>Father</b>			<b>Brothers</b>	
<b>Mother</b>				
<b>Sisters</b>				
<b>Stepparents</b>			<b>Step-Siblings</b>	

**I. Marital/Romantic relationship history**

Spouse/Significant Other's name	Spouse's age at marriage	Your age at marriage	Age when divorced/widowed	Year when you divorced/widowed	Has spouse remarried?

**J. Significant non-marital relationships**

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

**K. Children / Step Children**

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

Name	Age	Sex	Name	Age	Sex

**L. Symptoms: Please circle all the emotions and/or behaviors below that apply to you.**

Symptom	How Long	Symptom	How Long	Symptom	How Long
Depressed		Rapid mood swing		Hallucinations	
Hopelessness		Arguing		Paranoia	
Sleep Change		Suicidal Thoughts		Lack of Self care	
Appetite Change		Self Mutilation		Manic Mood	
Weight change		Purging		Low Self Esteem	
No motivation		Binge Eating		Obsessions	
Isolating		Restricting Food		Compulsions	
Crying		Restlessness		Recollection of traumatic event	
Anxious		Impaired Memory		Distressing dreams	
Irritable/Angry		Drug Abuse		Flashbacks	
Not focused		Alcohol Abuse		Numbing/detachment	
Excessive Guilt		DUI		Dissociation	
Loss of interest in sex		Pounding Heart		Easily Fatigued	
Muscle Tension		Sweating		Easily Startled	
Trembling/Shaking		Feeling of Choking		Shortness of Breath	
Nausea		Chest Pain		Social Anxiety	
Dizzy		Chill or Hot Flashes		Grandiosity	
More Talkative		Worthless		Racing Thoughts	
Decreased need for Sleep		Increased in Goal Directed Activities		Excessive Involvement in Pleasurable Activities	

**NOTES:**

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**DO NOT WRITE BELOW**

Axis I            Clinical Disorders

Diagnostic Codes            DSM IV Names

\_\_\_\_\_

\_\_\_\_\_

Axis II            Personality Disorder or Mental Retardation

Diagnostic Codes            DSM IV Names

\_\_\_\_\_

\_\_\_\_\_

Axis III            General medical Conditions (ICD-9-CM Codes)

Diagnostic Codes            DSM IV Names

\_\_\_\_\_

\_\_\_\_\_

Axis IV            Psychosocial and Environmental Problems

Problems with primary support group \_\_\_\_\_

Problems related to the social environment \_\_\_\_\_

Educational problem \_\_\_\_\_

Occupational problem \_\_\_\_\_

Housing problem \_\_\_\_\_

Economic problem \_\_\_\_\_

Problems with access to health care services \_\_\_\_\_

Problems related to interactions to the legal system / crime \_\_\_\_\_

Other psychosocial and environmental problems \_\_\_\_\_

Axis V            Global Assessment of Functioning Scale

Score                            Time frame

\_\_\_\_\_

\_\_\_\_\_