

**Client Information and Assessment**

Today's Date: \_\_\_\_\_

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

Spouse/Parent: \_\_\_\_\_

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

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

DOB: \_\_\_\_\_ Age \_\_\_\_\_

DOB: \_\_\_\_\_ Age \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ How long? \_\_\_\_\_

Marital Status: \_\_\_\_\_ How long? \_\_\_\_\_

Previous marriages: \_\_\_\_\_

Previous marriages: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Military experience: \_\_\_\_\_

Military experience: \_\_\_\_\_

Religious affiliation/church: \_\_\_\_\_

Religious affiliation/church: \_\_\_\_\_

Community organizations/activities: \_\_\_\_\_

**Household Members:**

Name	Age	Relationship to client

Names of brothers and sisters: \_\_\_\_\_

\_\_\_\_\_

Previous treatment: When: \_\_\_\_\_ With whom: \_\_\_\_\_

How is your health?    Poor                  Fair                  Good                  Excellent

When was your last physical exam or doctor visit? \_\_\_\_\_

Current medications:

\_\_\_\_\_ mg \_\_\_\_\_ times per day  
\_\_\_\_\_ mg \_\_\_\_\_ times per day  
\_\_\_\_\_ mg \_\_\_\_\_ times per day

Prescribing physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Previous hospitalizations: \_\_\_\_\_

Reason: \_\_\_\_\_

Primary-Care Physician: \_\_\_\_\_

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

Chemical use: Yes/No

Alcohol _____	Quantity: _____	per day _____	per month _____	age began _____
Drugs _____	Quantity: _____	per day _____	per month _____	age began _____
Tobacco _____	Quantity: _____	per day _____	per month _____	age began _____
Caffeine _____	Quantity: _____	per day _____	per month _____	age began _____
Other: _____	Quantity: _____	per day _____	per month _____	age began _____

Describe in your own words the problem(s) or concern(s) to address while coming here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had this problem(s) and how have you tried to solve it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Using the scale below, please answer the following questions:**

**0            1            2            3            4            5            6            7            8            9            10**  
**Not serious    Slightly serious    Moderate    Very serious    Extremely serious**

**How would you rate the seriousness of your present situation?**

**Now\_\_\_\_\_ six months ago\_\_\_\_\_ Year ago\_\_\_\_\_**

**State briefly what you were told or know about your birth:**

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**Describe your mother (you may use adjectives, phrases or sentences): \_\_\_\_\_**

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**Describe your father (you may use adjectives, phrases or sentences): \_\_\_\_\_**

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**Describe briefly your parents' relationship when you were growing up: \_\_\_\_\_**

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**How did your mother react when things got tough? \_\_\_\_\_**

**How did your father react when things got tough? \_\_\_\_\_**

**If you are married, briefly characterize your spouse: \_\_\_\_\_**

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**If you are in a committed relationship, briefly characterize your partner:**

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**List problem areas in your relationship: \_\_\_\_\_**

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**List three words to help describe yourself:**

\_\_\_\_\_ **Explain:** \_\_\_\_\_

\_\_\_\_\_ **Explain:** \_\_\_\_\_

\_\_\_\_\_ **Explain:** \_\_\_\_\_

**What do like least about yourself?**

\_\_\_\_\_  
\_\_\_\_\_

**If your fondest dreams and hopes come true, what would you be doing five years from now?**

\_\_\_\_\_  
\_\_\_\_\_

**If your worst fears came true, what would you be doing five years from now?** \_\_\_\_\_

\_\_\_\_\_

**What emotions do you feel most often?** \_\_\_\_\_

**What kinds of feelings bother you the most?** \_\_\_\_\_

**Who is causing your trouble?** \_\_\_\_\_

**Do you want to get away from anything or anyone?** \_\_\_\_\_

**The happiest time of my life was:**

\_\_\_\_\_  
\_\_\_\_\_

**What is your favorite childhood story?** \_\_\_\_\_

**How did it end?** \_\_\_\_\_

**What about yourself do you want to change while working with me?** \_\_\_\_\_

\_\_\_\_\_

**How have you blocked or stopped yourself from making these changes?** \_\_\_\_\_

\_\_\_\_\_

**Are you ready to make that change now?** \_\_\_\_\_

\_\_\_\_\_