Catherine C. Olson Counseling | P.O. 253, 815 Davis Street, Hammond,WI 54015 | c.olsoncounseling@gmail.com
651- 269-0924, confidential phone

Confidential Client Information

Date of initial appointment: ____________
Name of client: __________________________________ Gender: M ___ F___ Birthdate & age:_______________
Primary address: ____ Grade level:__________
Secondary address:_______________________________________
Home phones: _______________________ Cell phones: ____
Okay to leave message at any of these phone numbers? _________
Place of school and/or work: ______________________________ Occupation: _________________________
IEP? Yes___No____ School Contact Person____
Person/place who referred you to me (internet, insurance, school, employer, friend, etc.):_________________________

Parent is: __Single __Domestic Partner __Married __Separated __Divorced __Widowed
Name of parents, stepparents, or guardian (if applicable):____
____
Name and relationship of others living with you currently, recently, or in future:___________________________________
____
Emergency Contact & Number:____
Relationship to client:____

Name/address of person responsible for payment: ____
____
Name of Insurance policy holder: ____
Relationship to client: _________________________________
Insurance Company Name:____
Insurance ID#______________________________
Insurance Group #: __________________________

Name/phone of primary physician:____
Other physician:____
Name/phone of medical person prescribing medication: ____
Current or previous medications, including birthcontrol, & how long have they been taken:
____
____

Recent or past medical or mental health diagnoses:____
____
Past hospitalizations or treatment for mental or chemical health (include dates):___________________________________
____
List any significant health problems, past or present, including surgeries and/or illnesses with dates:
____
Name/phone of previous therapist: ____
____
Other service providers: ____
____
Support groups (12-Step Programs, etc.)____

Services you receive:
___County Social Worker ___Probation Officer ___Guardian ad Litem
___County Services ___Legal Services (for child custody, divorce, domestic violence, etc.)

Presenting Problem

What is/are the main reason(s) you are seeking therapy today?____
____
____

What do you hope to accomplish in this therapy or what do you hope will be different in your life as a result of attending therapy?
____
____
____

How much does this problem affect your life? **1**=Not at all **2**=A little bit **3**=A lot **4**=All the time

Family Life **1 2 3 4** Socially **1 2 3 4** Emotionally **1 2 3 4**

At School **1 2 3 4** Work **1 2 3 4** Spiritually **1 2 3 4**

Did a specific event lead to this request for service? If yes, please describe: ______________________________
____
____

Any big changes or events in the past year? (move, employment, social life, deaths, marriages, births, etc.)___________
____

How long has your problem(s) been present?____

What solutions to the problem have you tried, and what were the results?
____
____

What has helped you manage or endure your current problem? ____________________________________
____

What interests or passions give meaning to your life? ________________________________
____

Do you have any spiritual beliefs or practices that are important to you ? ______________________________
____

What aspects of your culture, heritage, or ethnicity would you like me to be aware of?
____

Which of the following do you think contribute to your problem(s)? (Check all that apply)

___Move to a new home or many moves ___ Death or loss of someone close ___Birth of child or sibling
___Family Change ___ Separation/Divorce/Remarriage ___ Adjustment to school ___ Absenting home or school
___ School or learning problems ____Social problems ___Negative peer influence ___ Sexuality
___ Developmental problems ___Parenting problems ____Parents not getting along ___Impulsive actions
___ Dishonesty ____Communication barriers ____Isolation/withdrawn ___Negative or distorted thoughts or perceptions
___Anger ___ Violence ___ Physical, sexual, verbal, emotional abuse ___Neglect ___Trusting others
___ Work problems ___Career change ___ Financial stress ___ Law violations
___ Medical problems ___Drug or alcohol use ___ Spiritual problems ___ Other:________________________

Do your friends, boyfriend, or girlfriend:
Treat you fairly and respectfully?_____
Do they make you feel bad at times?_______
Do you feel pressured to do things you don't really want to do (break rules, drugs, sex, etc)?______
Please explain here and discuss further in session____
____

Have you ever thought about, planned or attempted suicide?
Thought about: **Y/N** Planned: **Y/N** Attempted: **Y/N**
If yes to any of these, when was this? ___________________

Substance Use

How is alcohol used by members of your home (daily, in moderation, excess, socially)?_____________
____
Anyone in your family or close to you struggling with or in recovery from chemical abuse?_________________________
____

Please describe your use substances (Caffeine, Tobacco, Alcohol, Prescription drugs, Inhalants, Street drugs, Over-the-counter medications, Other) and frequency of use Daily, Weekly, Occasionally, In the past but not now:
____
____
Have you ever experienced any of the following as a result of substance use?
Blackout Bad reactions/ Withdrawal symptoms/Overdose/DUI :____
Have you ever felt you should cut down on your drinking or drug use? Yes No
Have other people stated you should cut down on your drinking or drug use? Yes No
Have you ever felt bad or guilty about your drinking or drug use? Yes No

Is there anything else that you would like your therapist/counselor to know and that you have not written about on any of these forms? ____
____
____

I acknowledge that the information on this form is accurate to the best of my knowledge, and that I will inform Catherine Olson of any changes in my personal circumstances including address, symptoms experienced, suicidal thoughts and substance use.
Client Signature ____ Date: _____/_____/_____
Parent/guardian____ Date:_____/_____/______