

CLIENT HISTORY

Name: _____ Date: _____

Sex: _____ Date of birth: _____ Age: _____

Current marital status: Single Engaged Partnered Married
 Separated Divorced Remarried Widowed

Name and age of spouse/partner: _____

Do you have children? (indicate name, age, sex): _____

Were you fostered or adopted? _____

Were you raised by: Both parents Single parent Relative Other

Check or circle any of the following that applied to you or your family during your childhood:

Anxiety problems	Behavior problems	Alcohol or drug problems	Learning disability
Difficult childhood	Physical abuse	Depression	Legal problems
Anger Problems	Medical problems	Sexual abuse	Medical problems
Addictions	Eating disorder	Sexual orientation issues	School problems
Family problems	Other problems:		

Is there a history of suicide or suicide attempts in your family? _____

Have you considered or attempted suicide? _____

Check or circle any of the following stressors, which currently apply to you or someone close to you:

Death in family	Financial trouble	Mental illness	Sexual abuse
Divorce	Trouble with job/school	Alcohol and or drugs	Suicide
Trouble with the law	Serious or chronic illness	Sexual orientation issues	Eating disorder
Physical abuse	Suicide	Psychiatric hospitalization	Gambling
Other addictions	Interpersonal problems		

Do you have a religious or spiritual preference? _____

Have you had previous psychiatric and/or counseling care? Dates and duration: _____

Have you received a formal diagnosis? If yes, which? _____

How many times/week do you exercise and what type do you prefer?

Describe your eating habits? (do you eat 3 meals/day, vegetables, fruits, meat, fish, snacks, late night eating...)

If you drink alcohol, how much and how often do you drink?

If you smoke, what do you smoke and how often?

How much do you sleep/night? Do you take naps?

What supplements do you take?

How much time do you spend on TV or the computer to watch movies, videos, or play games?

How much time do you spend on Social media?

What do you consider to be some of your strengths:

What would you like to accomplish during your time in therapy: