
CLIENT INFORMATION FORM

PLEASE PRINT

Name:

Date:

Birth Date:

Marital Status: Never Married Separated Widowed
 Married Divorced Other

Sex: F M

Home Address:

E-mail Address:

Phone (H):

(W):

(Cell):

Chief complaint (s):

Current employment:

Previous psychological treatment history:

Please describe your current alcohol use:

Please describe any current illicit drug use:

Please describe any current medical problems:

Please list any current medications:

Family Psychiatric History:

Family Substance Abuse History:

Please provide any other information you feel is relevant to this treatment: