

Client Information Form

Today's date _____

A. Identification

Client's name: _____ Age: _____

Client's date of birth: _____

Home address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Home/evening phone: _____ Work phone: _____ Cell phone: _____

Which number is best for our office to contact you? *Check all that apply* ___ home ___ work ___ cell

Calls will be discreet, but please indicate any restrictions: _____

B. If client is under 18 years of age, please complete this section.

Mother's name: _____ Mother's employer: _____

Father's name: _____ Father's employer: _____

Which parent(s) should our office contact regarding the child's treatment? _____

C. Referral: How did you get my name (check all that apply)?

___ Google Search ___ Psychology Today ___ Facebook ___ News Story ___ Phone book

___ Friend/relative ___ Medical provider ___ Psychotherapist

___ Psychiatrist ___ Other (specify) _____

If someone referred you to my practice:

What is this person's name? _____ What is his/her phone number? _____

May I have your permission to thank this person for the referral? ___ yes ___ no

How did this person explain how I might be of help to you? _____

D. Your medical care: from whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ___yes ___no

Checklist

Client name: _____ Date: _____

Place a check mark next to all of the items below that apply, and feel free to add any others at the bottom. Please note this form is to be filled out regarding the client. You may add a note or details in the space next to the concerns checked.

- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Bad habits
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Chronic illness
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Disability
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health concerns, physical problems
- Inferiority feelings
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Legal matters, charges, suits

- ___ Loneliness
- ___ Marital conflict
- ___ Medical problems
- ___ Memory problems
- ___ Mood swings
- ___ Motivation, laziness
- ___ Nervousness, tension
- ___ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ___ Oversensitivity to rejection
- ___ Pain
- ___ Panic or anxiety attacks
- ___ Parenting, child management, single parenthood
- ___ Perfectionism
- ___ Pessimism
- ___ Procrastination, work inhibitions, laziness
- ___ Relationship problems (with friends, with relatives, or at work)
- ___ School problems
- ___ Self-centeredness
- ___ Self-esteem
- ___ Self-neglect, poor self-care
- ___ Sexual issues, dysfunctions, conflicts, desire differences, other
- ___ Shyness, oversensitivity to criticism
- ___ Sleep problems—too much, too little, insomnia, nightmares
- ___ Smoking and tobacco use
- ___ Spiritual, religious, moral, ethical issues
- ___ Stress, relaxation, stress management, stress disorders, tension
- ___ Suicidal thoughts
- ___ Temper problems, self-control, low frustration tolerance
- ___ Thought disorganization and confusion
- ___ Weight and diet issues
- ___ Withdrawal, isolating
- ___ Work problems
- ___ other _____

Is there anything else you would like Beau Counseling to know? _____

Payment Information

At the end of each month an invoice will be sent to you at your email address. Beau Counseling accepts cash, money order, Visa, Master Card, Discover, and American Express.

Email address: _____

Mailing address: _____