

# Client Information Form

Please complete and bring to your first session. If you do not wish to answer a question, please write "I do not wish to answer."

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

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

Where is it okay for me to leave you a message? Email \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Employment:** Are you currently employed?  No  Yes

Are you satisfied with your current job? What do you find stressful? What do you enjoy?

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## Mental Health History:

**Previous Individual Counselling:**  Yes  No

Currently taking medication?  Yes  No

If yes, please list \_\_\_\_\_

Ever been prescribed medication (anxiety, depression, mood)?  Yes  No

If yes, please list \_\_\_\_\_

Last Medical Exam: \_\_\_\_\_

Major Medical Conditions/Injuries: \_\_\_\_\_

On the scale below, please indicate your present mood. 0 = not at all 10 = Most Intense

**Depression**

0 1 2 3 4 5 6 7 8 9 10

**Anxiety**

0 1 2 3 4 5 6 7 8 9 10

**Suicidal Thoughts** (0 = I never think about it 10 = thoughts are always there)

0 1 2 3 4 5 6 7 8 9 10

**Mood**

I experience highs and lows:  Daily  Weekly  Monthly  Infrequently  Never

I would rate the intensity of my moods:  Mild  Moderate  Extreme

**Family History:** Please check if there is a family history of: the following

	<b>Self</b>	<b>Mom</b>	<b>Dad</b>	<b>Other Member</b>
Workaholism				
Alcohol/Substance Abuse				
Depression				
Anxiety				
Violence				
Eating Disorders				
Obsessive Compulsive				
Schizophrenia				
Suicide Attempts				
Mood Swings:				
Other:				

**Self-Care**

**ROUTINES**

Recreational Drug Use:  Daily  Weekly  Monthly  Infrequently  Never

How often do you drink alcohol?  Daily  Weekly  Monthly  Infrequently  Never

How often do you exercise?  Daily  Weekly  Monthly  Infrequently  Never

Describe any difficulties you are experiencing with your eating habits?

Any sleeping problems? Are you having any recurring dreams, nightmares or disturbances?

How would you describe your current living situation?  not ideal  could be better  ideal

How would you describe your current financial situation?  poor  manageable  secure

### **SUPPORTS**

Do you have a satisfactory network of friends, family, groups? \_\_\_\_\_

\_\_\_\_\_

Do you listen to music a lot and what type do you enjoy the most? \_\_\_\_\_

\_\_\_\_\_

What are some of your strengths? \_\_\_\_\_

\_\_\_\_\_

What activities do you enjoy doing? \_\_\_\_\_

\_\_\_\_\_

What are your gifts and talents? What gives you energy? What are you passionate about?

\_\_\_\_\_

\_\_\_\_\_

Do you have a clear sense of your personal values and boundaries?  Yes  Not as much as I'd like

What are areas of weakness or things you struggle with?

### **Self-Description:**

What words describe how you see yourself?

\_\_\_\_\_

\_\_\_\_\_

### **Family Relationships:**

Are you adopted?  No  Yes

What was the atmosphere in your family like growing up? \_\_\_\_\_

\_\_\_\_\_

Growing up, when did you feel most acknowledged in the family? Were there things you did that gained you a sense of love, acceptance, or recognition in the family?

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If you had to describe your "role" in the family, what would it be? (ie. smart one, victim, quiet one....)

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Growing up, who would you go to for comfort? \_\_\_\_\_

Growing up, who did you feel closest to? \_\_\_\_\_

How would you describe yourself as a child? \_\_\_\_\_

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What words would you use to describe your parents' marriage? \_\_\_\_\_

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How was your relationship with your mother growing up? \_\_\_\_\_

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What was your relationship with your father growing up? \_\_\_\_\_

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How many brothers? \_\_\_ sisters? \_\_\_ Are you the oldest? \_\_\_ youngest \_\_\_ middle? \_\_\_

Describe your relationships to each of your siblings? \_\_\_\_\_

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How would you describe yourself as a child? \_\_\_\_\_

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What was discipline like in your family? \_\_\_\_\_

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What was school like for you? \_\_\_\_\_

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Have you ever been abused verbally or mentally, physically, or sexually? \_\_\_\_\_

Have you been or are you presently involved in pornography on the internet or magazines?  Yes  No

### Spiritual:

What words describe your view of spirituality, faith, spiritual beliefs, religion, God, or a higher power?

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Have you ever had an experience (positive or negative) you consider spiritual or religious?

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Do you want to include spirituality as part of therapy if you feel it would be helpful?  Yes  No

### Relationship History:

Did you have one or two close friends as a teenager? \_\_\_\_\_

Did you tend to be a follower or a leader with friends? \_\_\_\_\_

How old were you when you first dated? \_\_\_\_\_

### Emotional:

Which of the following areas are concerns for you now or in the past? Circle those that you consider the most important.

Anger	Temper	Insecurity
Anxiety	Impatience	Doubts
Confusion	Abuse(emotional, physical,	Irritability
Depression	sexual)	Confusion
Guilt	Education	Compulsive thoughts
Frustration	Family problems	Obsessive thoughts
Loneliness	Financial problems	Lustful thoughts
Worthlessness	Other	Fear of losing your mind
Depression	Social relationships	Fear of committing suicide
Hatred	Eating	Fear of hurting loved ones
Bitterness	Trouble concentrating	Fear of terminal illness
Day dreaming	Sexual	Fear of going to hell
Fantasy	Stress	Fear of death
Inadequacy	Work	Fear of _____
Unforgiveness	Worry	Other:
Jealousy	Discouragement	

Concerning your emotions, circle those that apply.

- Readily expresses them all
- Express some emotions but not all
- Tendency to suppress emotions
- Disregard my feelings
- Readily acknowledges them, but reserved in expressing
- Feel safest not expressing my emotions
- Consciously or subconsciously deny them
- Other: \_\_\_\_\_

If your emotional pain could speak what would it say?

\_\_\_\_\_

## Coping

How did your parents respond to you when you were feeling:

	Mom	Dad
Sad		
Angry		
Scared		
Affectionate		
Proud of yourself		
Negative Emotion (anxiety, panic, upset, grief, distress, hurt)		

How did you see your parents express:

	Mom	Dad
Sadness		
Anger		
Fear		
Affection		
Pride		
Negative Emotion (anxiety, panic, upset, grief, distress, hurt)		

How do you describe your way of coping with:

- a. Stress: \_\_\_\_\_
- b. Anxiety: \_\_\_\_\_
- c. Anger: \_\_\_\_\_
- d. Conflict: \_\_\_\_\_

Please complete the following sentences:

The most important thing to me is ... \_\_\_\_\_

I worry about ... \_\_\_\_\_

I have been criticized for ... \_\_\_\_\_

I get angry when ... \_\_\_\_\_

I get nervous when ... \_\_\_\_\_

My biggest disappointment ... \_\_\_\_\_

My prayer is ... \_\_\_\_\_

To me sex is ... \_\_\_\_\_

I would be better liked if ... \_\_\_\_\_

My biggest problem in life is ... \_\_\_\_\_

I am working hardest at (goal) ... \_\_\_\_\_

### Marital Status:

Never Married

Separated

Common Law

Divorced

Married

Widowed

### Children:

Name	Age	Name	Age
_____ (M/F)	_____	_____ (M/F)	_____
_____ (M/F)	_____	_____ (M/F)	_____
_____ (M/F)	_____	_____ (M/F)	_____

### Relationship History

Previous Couples Counselling?  Yes  No

When: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Was the outcome successful?  Very  Somewhat  No change  Got worse

Describe any significant or stressful life events that you have been experiencing

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Whose idea was it to come to therapy? \_\_\_\_\_

What are your biggest strengths as a couple?

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Please list three suggestions you could personally do to improve the relationship regardless of what your partner does.

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Have either you or your partner physically restrained, harmed or injured the other person? (ie. push, shove, grab, slap)

- Yes
- No

If yes, who, how often, what happened

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Have either of you threatened to separate or divorce as a result of the current problems?

- Yes
- No

Who?

If married, have either of you consulted a lawyer about divorce?

- Yes
- No

Who?



Do you perceive you or your partner has withdrawn from the relationship?

Yes  No

Who?

Have you ever emotionally or physically cheated on each other?

Yes  No

Who?

How satisfied are you with the sexual aspect of your relationship on a scale of 1-10  
(1=unsatisfied, 10= completely satisfied)

0 1 2 3 4 5 6 7 8 9 10

What is your current stress level? (0 is no stress, 10 is most stressful)

0 1 2 3 4 5 6 7 8 9 10

What is your current level of stress in the relationship? (0 is no stress, 10 is most stressful)

0 1 2 3 4 5 6 7 8 9 10

Name the top three concerns you have in your relationship with your partner.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How important is it to you to improve the quality of your relationship? (0= not important, 10=extremely important)

0 1 2 3 4 5 6 7 8 9 10

How willing are you to make working on the relationship a priority in your life? (0= not willing, 10=extremely willing)

0 1 2 3 4 5 6 7 8 9 10

**Counselling Goal**

What prompted therapy at this time?

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Briefly describe your present concern or problem: \_\_\_\_\_

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What person, situations, activities, etc. seem to “trigger” these concerns or make them worse?

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What would you like to accomplish as a result of counselling? \_\_\_\_\_

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How will we know we have reached your goal? How will things be different?

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What might prevent you from reaching this goal? \_\_\_\_\_

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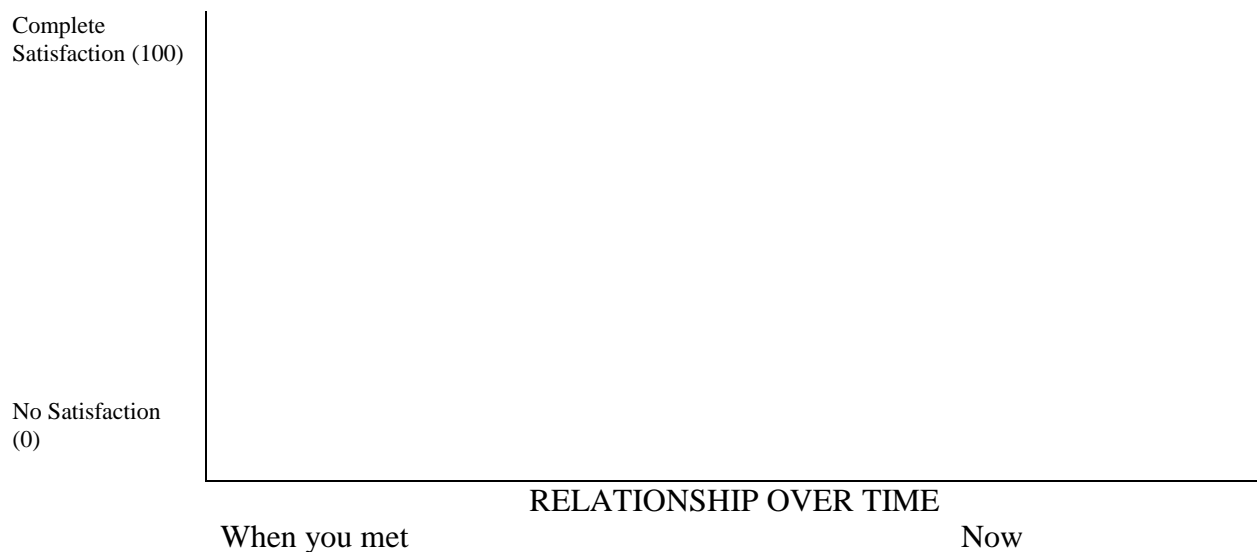
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What part do you want me to play in helping you reach your goal?

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Please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. (note any major events)



Is there anything else you would like me to know? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In Case of Emergency**

Person to Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

I give permission for my counsellor to contact the above person in the event of an emergency.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date