

# Client Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Ok to contact you or leave a message by phone? \_\_\_\_\_yes \_\_\_\_\_no

Ok to contact send you email? \_\_\_\_\_yes \_\_\_\_\_no

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Emergency Contact Person? \_\_\_\_\_ Phone \_\_\_\_\_

List any prescription medications you take \_\_\_\_\_

\_\_\_\_\_

Briefly describe any past/present history of drug or alcohol use \_\_\_\_\_

\_\_\_\_\_

Briefly explain the concerns that have brought you to therapy \_\_\_\_\_

\_\_\_\_\_

Have you had any prior experiences in psychotherapy \_\_\_\_\_

\_\_\_\_\_

Is there anything else you'd like me to know about you? \_\_\_\_\_

\_\_\_\_\_

Do you identify with any particular faith or spirituality system? \_\_\_\_\_

(please complete back page)

please circle any symptoms you've been feeling recently:

## Depressive Symptoms

1. feeling sad, empty or hopeless
2. feeling irritable a lot
3. feeling less interest or pleasure in normal activities
4. noticeable weight loss or gain
5. decrease or increase of appetite
6. difficulty sleeping (insomnia)
7. sleeping too much
8. feeling restless or fidgety in body
9. feeling sluggish or slow in body
10. feeling fatigued or lack of energy
11. feeling worthlessness
12. feeling inappropriate or excessive guilt
13. difficulty thinking, concentrating, or making decisions
14. thinking about death or suicide

## Anxious Symptoms

1. feeling excessive anxiety or worry
2. difficulty controlling worry
3. feeling restless, keyed up, or on edge
4. feeling easily fatigued
5. difficulty concentrating or mind going blank
6. irritability
7. feeling tense (muscle tension)
8. difficulty falling or staying asleep
9. feeling fearful about social situations
10. trembling or shaking
11. fear of dying
12. feeling palpitations, pounding heart, or accelerated heart rate
13. sensations of shortness of breath, choking, or smothering
14. fear of losing control or 'going crazy'