Ilene Blaisch, LCSW
161 Avenida Cabrillo, San Clemente, CA 92672 (949) 910-5654

CLIENT INFORMATION FORM

Name____ **Date** ____________________
Last First

Age__________**Date of Birth**_______________________**Social Security No.**____________________

Home/Mailing Address:____

____

Is it okay to send mail to this home address if needed?__________Yes__________ No

Please list contact information and indicate if it's okay to leave a message:

Home Phone: ______________________________________ ______Yes ______No

Cell Phone____ ______Yes ______No

Text____ ______Yes ______No

E-mail: ____ ______Yes ______No

Ethnicity: ________________________________**Gender**:___________________________

Employer (Company Name, Address, Phone Number):______________________________________

____

How did you hear about me/who referred you?_____________________________________

Medical Insurance? If yes, which carrier?____

Insurance Co.Telephone No.____________________Policy Number_________________________

Secondary Medical Insurance:____

Have you had previous counseling or psychotherapy?

Yes_____ No_____ If yes, briefly describe type of therapy, general time frame, duration, etc:

____

____

Do you have any current medical conditions? Please specify:

____

____

Please list medications and supplements you take and their purpose:____

____

Primary Care Physician's Name, Contact Info: ____

____

Relationship/family status (eg single, coupled, married, divorced, etc.)__________________________________

Do you have children? Briefly describe:____

____

What brings you to counseling at this time?

____

____

____

Rate the current level of distress you are experiencing on a 1-10 scale, with 1 being the lowest.

10 being the highest: ________________

Do you believe you have an alcohol or substance abuse problem at present (please describe)?

____

____

Please list any major accidents, surgeries, injuries, current physical symptoms and anything else you think would be important for me to know at this beginning point____

____

____

____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name:__________________________________Relationship to You______________________________

Phone Numbers:____