



Client History

Client Name: _____ DOB: _____

Who referred you to our practice: _____

Why have you come to The Bridges Program at this time: _____

What do you hope to accomplish from Equine Assisted Psychotherapy: _____

Have you received therapy in the past or are currently seeing a therapist: _____

If you answered yes, please explain: _____

Were past attempts to seek therapy helpful: explain: _____

Family Information:

Who lives at home with the client? (Please include extended family and pets)

Name: _____ Relationship: _____

Describe relationship between client and this person: _____

Name: _____ Relationship: _____

Describe relationship between client and this person: _____

Name: _____ Relationship: _____

Describe relationship between client and this person: _____

Name: _____ Relationship: _____

Describe relationship between client and this person: _____

Please list anyone else in the client's life that is important to him/her: _____

Does the client have any conflictual relationships at home? If so, please describe: _____

Please describe the relationship of the client's parents: _____

Please describe any important family events (e.g. divorces, remarriages, deaths, traumas, losses, significant moves, etc.): _____

Natural Mother's History:

Name: _____ Age: _____

Education: _____ Profession: _____

Any history of drug/alcohol use/ abuse: if yes, explain: _____

Any history of learning/aGen1on problems: If yes, explain: _____

Any evaluation or treatment for emotional problems or medical problems: If yes, explain: _____

Please describe briefly mothers' family of origin, including significant conflict, history of emotional /learning problems: _____

Natural Father's History:

Name: _____ Age: _____

Education: _____ Profession: _____

Any history of drug/alcohol use/abuse: Yes No

If yes, explain: _____

Any history of learning problems: Yes No

If yes, explain: _____

Any evaluation or treatment for emotional problems or medical problems: Yes No

If yes, explain: _____

Please describe briefly Fathers' family of origin, including significant conflict, history of emotional /learning problems: _____

Any evaluation or treatment for emotional problems? Please describe briefly father's family of origin, including significant conflicts history of emotional/learning problems: _____

Stepparent or other parental figure History:

Name: _____ Age: _____

Education: _____

Profession: _____

Any history of drug/alcohol use/ abuse: if yes, explain: _____

Any history of learning/attention problems: If yes, explain: _____

Any evaluation or treatment for emotional problems or medical problems: If yes, explain: _____
