# CONFIDENTIAL CLIENT INFORMATION AND SOCIAL HISTORY

*Please complete as much of this form as you feel comfortable. Your counselor will use this background information to help guide you in achieving your counseling goals. This form becomes a part of your confidential patient record.*

Today's Date_____

Client's Name_____ ☐M ☐F Date of Birth_____ Age _____

Address_____ City_____ State_____ Zip_____

Telephone: Home_____ Work_____ Cell_____

Email Address_____
(Email is used for appointments and administration, but not for counseling. By giving us your email address you are giving us permission to contact you related to appointments and administration. We cannot guarantee the privacy of email.)

Please indicate where we may leave a voice message and send correspondence by mail:

_____

Do you agree to receiving text reminders for appointments? ☐ Yes ☐No

**EDUCATION/OCCUPATION**

What is your highest level of education? ☐GED ☐High School ☐Vocational School

☐Some College ☐College Degree ☐Graduate Degree

Are you currently attending any school? ☐yes ☐no

Are you currently employed? ☐Full-time ☐Part-time ☐Retired

How long have you been with your current employer? _____

What is/was your occupation? _____

Please tell me about your primary problems/complaints which bring you to counseling; please use the adjacent lines to explain:

- ☐ Mood (describe)_____
- ☐ Relationship_____
- ☐ Recent loss/major change_____
- ☐ Occupational _____
- ☐ Spiritual _____
- ☐ Sleep _____
- ☐ Appetite _____
- ☐ Energy _____
- ☐ Concentration _____
- ☐ Addictive behavior: ☐ pornography ☐sex ☐alcohol ☐drugs ☐gambling ☐other _____
- ☐ Troubling memories of the past_____
- ☐ Low self-worth_____
- ☐ Thoughts of harming self _____
- ☐ Thoughts of harming others_____

What do you hope is the outcome of counseling? _____

_____

_____

_____

**MARITAL STATUS**

☐ Not Married ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

Current Spouse_____ Age_____ Years married_____

Things you enjoy about your marriage:

_____

_____

_____

_____

*Check all that apply to your marriage:*

☐ Physical Abuse ☐ Lack of Trust ☐ Poor Communication ☐ Lack of Respect
☐ Pornography ☐ Financial Problems ☐ Conflict/Arguing ☐ No Longer in Love
☐ Infidelity ☐ Lack of Commitment ☐ Anger/Resentment
☐ Lack of Intimacy ☐ Drugs/Alcohol

List any previous marriage(s) in chronological order (*if more space is needed please continue on back of page)*:

| Ex-Spouse | Age when married | Age when divorced | Reason for divorce | Describe your current relationship with ex-spouse |
|---|---|---|---|---|
| | | | | |
| | | | | |

Children from current marriage (*if more space is needed please continue on back of page)*:

| Name | M/F | Age | Describe your current relationship with this child |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Children from previous marriage(s) (*if more space is needed please continue on back of page)*.

| Name | Sex M/F | Age | Custody Status (if applicable) | Describe your current relationship with this child |
|---|---|---|---|---|
| | | | | |
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**LIVING ENVIRONMENT**

*List the people who currently live in your home:*

| Name | Age | Relation | Describe the current condition of your relationship with this person |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |
| | | | |

**FAMILY OF ORIGIN**

Did your parents divorce? ☐yes ☐no Your age at mom's remarriage _____Your age at dad's remarriage _____

Father ☐living ☐deceased Mother ☐living ☐deceased

Describe your childhood relationship with your father ☐fulfilling ☐disappointing

Explain _____

Describe your adult relationship with your father ☐fulfilling ☐disappointing

Explain _____

Described you childhood relationship with your mother ☐fulfilling ☐disappointing

Explain _____

Described your adult relationship with your mother ☐fulfilling ☐disappointing

Explain _____

Do you have any particularly painful memories from childhood? ☐yes ☐no

If yes, describe _____

_____

Siblings from your parents, Please * any that are step-siblings (*if more space is needed please continue on back of page)*:

| Name | M/F | Age | Describe your current relationship with this sibling |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**DEVELOPMENTAL**

List any problems you had as a child (emotional, behavioral, academic, social): _____

_____

_____

List any problems you had as a teenager (emotional, behavioral, academic, social): _____

_____

_____

**MEDICAL**

Please list any past or current significant medical diagnosis or illness:

_____

_____

Please list all medications recently (LAST 6 MO)/currently taken including over the counter:

_____

_____

_____

Please list any previous counseling providers, diagnoses and dates:

_____

_____

Ever had a history of substance abuse? ☐yes ☐no What substances do you currently use? ☐Alcohol ☐ Tobacco ☐Caffeine ☐Marijuana ☐Other _____

Ever taken anyone else's prescription medication? ☐ Yes ☐No If yes, explain_____

_____

Have you ever been hospitalized for psychiatric reasons; if so, please provide the dates and place

_____

_____

_____

**LEGAL**

Please list any past or current legal problems:

_____

_____

**SIGNIFICANT EVENTS**

Have you ever experienced ☐ physical abuse ☐ sexual abuse ☐ emotional abuse?

Have you ever been exposed to other traumatic events such as ☐ natural disaster ☐violence ☐combat ☐other (please explain): _____

Do any of the above experiences continue to cause you problems? ☐yes ☐no

**INTERESTS AND STRENGTHS**

Please tell me about your interests, activities, hobbies: _____

_____

_____

Please list at least three strengths/likes about yourself: _____

_____

_____

**SPIRITUAL BELIEFS/ACTIVITIES**

Please briefly tell me about your current beliefs and practices: _____

_____

Duration of your beliefs practices_____

Do you have interest in applying Christian Biblical truths and prayer in counseling? ☐yes ☐no

Please Explain: _____