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**Client Information Sheet**

Name: Click here to enter text.

Employer or School: Click here to enter text.

Significant other’s age and sex: Click here to enter text.

How long together: Click here to enter text.

Names and ages of all children in the home: Click here to enter text.

How did you hear about us? Click here to enter text.

Emergency Contact: Click here to enter text.

Phone: Click here to enter text.

Are you or your child currently seeing a therapist? Click here to enter text.

List all therapists you/your child have seen, approximate dates you saw them, and contact info: Click here to enter text.

List any inpatient psychiatric or substance abuse treatment you have had, and dates:

Click here to enter text.

List any medications you/your child are currently taking: Click here to enter text.

What kind of problems bring you to counseling?

Click here to enter text.

How long have you experienced these problems?

Click here to enter text.

**Please Check the box if you are having the following symptoms:**

Sleep difficulties (too much, too little, trouble falling or staying asleep)

Problems in school (behavior or learning) or work

Change in appetite, weight loss, or weight gain

Frequent crying

Panic attacks or anxiety attacks

Thoughts (or attempts) of killing or hurting myself

Avoid doing things or being with people that I used to like

Problems concentrating

Periods of daily sadness lasting more than two weeks

Can’t stop remembering upsetting past events

Difficulty controlling anger/temper tantrums/irritable

Guilt or shame

Bed wetting or accidents in clothing

Excessive worry

Nightmares/flashbacks

Throw up, use laxatives, or exercise excessively to lose weight

Startle easily/hypervigilant

Feel like I am an outsider /isolating myself from others

Sexual behavior problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequent arguments with the people I live with

Hear voices inside my head or see things that aren’t there

Physically injury myself

Other (please list):Click here to enter text.