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**ADULT/COUPLE/FAMILY -- CLIENT INFORMATION FORM**

**(\*\*Each adult fills out their own form\*\*)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Partner's Name & Cell \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your:

Occupation/School: \_\_\_\_\_

Employer: \_\_\_\_\_

Current/Completed Education Level \_\_\_\_\_

Phone #: \_\_\_\_\_

Hobbies/Clubs: \_\_\_\_\_  
\_\_\_\_\_

Type(s) of counseling wanted: Individual--Group--Family--Couples

**INSURANCE INFORMATION**

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Have you met your deductible? Yes—No--Unsure

Policy holder name \_\_\_\_\_

Policy holder DOB \_\_\_\_\_ Policy holder SSN \_\_\_\_\_

**FAMILY INFORMATION**

Where born \_\_\_\_\_

How long there \_\_\_\_\_ Ethnic ID \_\_\_\_\_

**Parents:**

Parents married when you were born? Yes No Divorced? Yes No

**Client Name:** \_\_\_\_\_

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If divorced, what year \_\_\_\_\_ & your age at the time \_\_\_\_\_

Any step parents? Yes No

If yes, step father or step mother; starting when you were what age? \_\_\_\_\_

Describe your relationship with step-parent \_\_\_\_\_

If reared by someone other than your birth parents, describe the situation in some detail

Father alive -- yes or no;

If dead, age & year father died \_\_\_\_\_

If father living, age now where residing \_\_\_\_\_

Quality of relationship with father \_\_\_\_\_

Mother alive -- yes or no

If dead, age & year mother died \_\_\_\_\_

If mother living, age now & where residing \_\_\_\_\_

Quality of relationship with mother \_\_\_\_\_

Marital Status: Married--Divorced--Single, Dating

# of times Married \_\_\_\_\_

Total # years in current relationship \_\_\_\_\_

Significant other's:

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Significant Other's willingness to join counseling (Yes--No--Maybe)

Other Members in Home (other than siblings) :

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

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**Client Name:** \_\_\_\_\_

You are child # \_\_\_\_ of how many siblings \_\_\_\_\_?

Please list your siblings:

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Name and Relation: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Please provide a brief explanation of the events or issues that led to you seeking counseling services:

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**PERSONAL HISTORY**

List your medical history/health problems (Include eating, sleeping, head/stomach aches, hives & stress patterns)

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Are you currently seeing any medical/counseling professionals? If so, who and for what reason?

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**Client Name:** \_\_\_\_\_

Any recent major illnesses or surgeries? \_\_\_\_\_  
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Any recurrent or chronic conditions? \_\_\_\_\_  
\_\_\_\_\_

Are you on any medications and if so, what and for what reason?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any history of mental illness or suicide in your family?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any history/current abuse?  
Physical \_\_\_\_\_ Sexual \_\_\_\_\_ Emotional \_\_\_\_\_ Neglect \_\_\_\_\_

IF so, by whom, on whom, when, how, and where?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any military history  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL AND DRUG USE**

Do you smoke? yes no. If yes, how much per week \_\_\_\_\_

Do you use smokeless tobacco products? yes no.

If yes, what type how much per week \_\_\_\_\_

How would you describe your use of alcohol or drugs?

Circle one: Never used, Use, Misuse, Abuse

If you have used drugs or alcohol, what types, for what reasons, with whom, when, and how often?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what history of drug or alcohol problems that may exist in your family or close relationships?  
\_\_\_\_\_  
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**CLIENT'S DATING/MARITAL HISTORY**

Where did you receive your sex education?

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How long did your last three relationships last?

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What were the reasons your previous relationship ended?

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What was courtship like with the current or last significant relationship?

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What were the reasons (characteristics, personal thoughts, and common goals) that led to the marriage/relationship?

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Circle the level of Satisfaction in current relationship

Very High---- High--Medium--Low--Very Low

Circle the level of Stability in current relationship

Very Stable---Stable--Fairly Stable-- Unstable--Separated

List the satisfactions in current relationship

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List the dissatisfactions in current relationship

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Does your significant other or parent(s) like your friends?

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Client Name: \_\_\_\_\_

How would they describe the people with whom you spend most of your time?

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If your significant others or guardians were fussing at you what would they be fussing about?

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Who is your best friend and what would I see you and your best friend most often doing together?

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**EDUCATIONAL HISTORY**

What was your last/current level of education?

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If in school, what kind of grades do you make? (As) (As & Bs) (Bs) (Bs & C=) (Cs) (Cs & Ds) (Ds) (Ds & Fs) (Fs)

If working & not going to school, how would you grade your work performance? Outstanding  
Good Fair Poor Please explain \_\_\_\_\_

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How would your teachers/employers describe you?

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Do you have any disciplinary troubles or peer difficulties (fights, ridicule, relationship difficulty)  
If so, what?

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Do you have a juvenile or adult criminal record? Yes No  
If yes, list any charges and dates:

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Do you have any pending legal charges? Yes No  
If yes, list the charges and dates you were charged:

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**Client Name:** \_\_\_\_\_

What are some skills you see yourself as having that are positive? (Computer skills, job Skills communication, art, musical instrument)

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What do you see yourself doing (goals) in:  
Short term (1 year)

Mid term (3 years)

Long term (10 years)

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Have there been any significant changes or events in the past 9 months (deaths, moves, crisis, changes in relationships, job, income, school)

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List any significant changes or events expected within the next year?

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Describe a typical day (school, work, social, religious, and other activities)

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Are any of the following a challenge to you: culture, ethnicity, religion, lifestyle, age, physical challenges?

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If you had a problem, who would you most likely talk to?

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**CURRENT PROBLEM IMPACT**

On a scale of 1-10, how much does this problem that brought you in interfere with your everyday living? (1 = very little.....10 = greatly) \_\_\_\_\_

Are you or have you been suicidal? \_\_\_ Yes \_\_\_ No

**Client Name:** \_\_\_\_\_

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What thoughts, feelings, and behaviors are associated with your problem?

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How does the problem interfere with your everyday living?

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Do you have any physical stress-related complaints?

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When did this problem that brought you in first appear?

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How often does the problem affect your life?

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Do you notice any patterns (people, places, or events/before, during or after) that surround the problem?

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What actions have you taken to deal with the problem?

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What strengths do you have that have helped you deal with the problem?

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**Client Name:** \_\_\_\_\_

Who is on your side that is or could be helpful with this struggle you are facing?

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What caused you to seek counseling at this time?

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If you have had experiences with counselors/counseling in the past, what was helpful and what was not helpful?

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Please describe anything else in the space below that you think would be helpful for me, as your therapist, to know.