

**The Refuge
Client Information Form**



Demographics

Date: _____

Full legal name: _____ Preferred name: _____

Address: _____ City/State/Zip _____

Social Security Number: (needed for insurance purposes) _____

Insurance: _____

Current employer: _____

Date of Birth: _____ Age: _____ Phone number: _____

Email: _____

Parent/Guardian name (if minor): _____

Marital Status _____ Birth Sex _____ Ethnicity _____

Do you have a Psychiatric Advance Directive? _____

Do you have any communication needs (e.g., sign language), difficulty reading or writing? _____

If client is a minor:

Parents' marital status: _____

If divorced, is there a co-parenting plan in place? _____

If so, are both parents in agreement for the child to attend counseling? _____

Level of Education: _____ Current grade: _____

Are you currently facing any legal charges? _____ Is this visit court mandated? _____

If so, do you have a probation officer? _____

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Reason for Seeking Treatment: _____

Background Information

Have you ever worked with a therapist before? _____ If so, how long? _____

Did you feel it helpful? _____

Did you receive a previous mental health diagnosis? _____

Have you ever been hospitalized for psychological/psychiatric reasons? _____

Are you currently taking any medications? _____

Do you have any allergies? _____

Do you have a Primary Care Provider? _____

Have you had a physical exam in the last 12 months? _____

Do you currently have any on-going medical conditions? _____

Any medical/surgical treatments? _____

List any substances/addictions that you currently use or have used in the past. _____

Have you ever overdosed? _____

Family History

Who, if anyone, in your family has experienced any of the following?

Anxiety: _____

Depression: _____

Substance abuse: _____

Physical abuse: _____

Other psychiatric issues: _____

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Mental Health

How does your mental health affect certain areas of your life (i.e. social, relationships, family, work, etc.)?

In work or school, do you struggle to: (Check Y/N for all that apply)

____ Concentrate

____ Miss assignments/deadlines

____ Poor work performance/poor grades

____ Falling behind work load

____ Missing work/classes due to mental or physical health issues

____ Procrastination

____ Get easily distracted

____ Daydream

____ Lose track of time

What are some of your personal goals in life? _____

What are some goals that you would like to accomplish in therapy? _____

What do you see as your top strengths?

1. _____

2. _____

3. _____

What do you do for self-care? _____

Who are the people that you will turn to for support in difficult situations? _____

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Please check any of the following concerns you are currently experiencing or have experienced:

	Present	Past
Anxiety		
Depression		
Bipolar disorder		
Unwanted sexual experience		
Sleep disturbances		
Changes in appetite		
Legal issues		
Relationship concerns (break-ups/conflicts)		
Relationship abuse (physical, emotional, sexual, verbal)		
Panic Attacks		
Social Anxiety		
Work/Test anxiety		
Obsessive compulsive disorder		
Severe phobic responses		
Trouble concentrating		
ADHD		
Low motivation/energy		
Severe mood swings		
Loneliness		
Trouble controlling emotions		
Family concerns		
Traumatic event		
Religious/spiritual issues		
Addiction of any kind		
Grief/ Loss		
Sexual dysfunction issues		
Identity questions/concerns		
Abuse/Neglect		
Discrimination		
Eating disorders		
Self-harm		
Thoughts of suicide		
Suicide attempt(s)		