

-CONFIDENTIAL-

Client Information Summary

Name _____

Date of Birth: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____

Cell Phone # _____ Work Phone# _____

E-mail address: _____

Social Security # _____

Occupation _____ Employer _____

Significant Other: _____

Children: _____

Physician: _____

Who referred you for service? _____

Description of presenting concern: "What sorts of things are you struggling with right now? What assistance are you seeking?"

When did this problem/concern start?

How did you decide to call at this point?

Have you spoken with any other professionals about this?

Any history of mental health care?

Chemical dependency?

When?

Who did you see?

Medical illnesses – Please list:

Current medications & dosage – Please list:

Describe your mood during past couple of weeks?

How is your sleep?

How is your appetite?

Any difficulties with the following? Please describe:

- Irritability
- Feelings of hopelessness
- Suicidal thoughts
- Tearfulness
- Loss of interest in usual activities

- Anxiety
- Lack of motivation
- Obsessing or ruminating about things that concern you
- Delusional thoughts/hallucinations.
- Alcohol/Chemical misuse or dependency?
- Gambling?

Has anyone in your family been diagnosed or treated for depression or other mental health condition?

Any alcoholism or substance abuse in your family?

Have you or anyone in your family been treated for an eating disorder?

Do you use alcohol?

How often?

Is this a concern for you or anyone close to you?

Do you use any other “recreational” drugs?

Any difficulties with over-spending, excessive debt or compulsive shopping?

Are you feeling physically safe at this point? (self-harm or harm from others)
Any relevant abuse issues? If so, please describe:

Are you experiencing any relationship concerns? If so, please describe:

Any work-related problems?

Financial problems?

Legal problems?

Are you part of any faith community? Is that a resource to you now?

How you have generally dealt with stressful situations in the past? What works? What are your strengths?

Who comprises your support network? How are you involving those people at this time?

Please use the back of this page for any other relevant information you wish to share.