



New Client Information

Only answer the questions you are comfortable with at this time. If you would prefer to answer any of these while talking to me, that's fine. Feel free to continue any answers on the back.

Name _____ Date _____

What are the symptoms or concerns that bring you to therapy right now?

How long have these symptoms or issues been present?

Have you seen other practitioners for these issues? (other therapists or psychiatrists)

If you have seen other therapists – can you list what was most helpful and what was least helpful?

Are you employed right now? If yes, what is your job? Who is your employer and how long have you been there? (If you're in school of any kind – please list where and what you're studying.)

What is your highest education level? Where did you get that degree/diploma and when?

Do you have any medical issues? If yes, what are they, who is treating them and what medications are you on, if any?

Mom's name _____ Alive? _____ Age _____ Occupation _____

Dad's name _____ Alive? _____ Age _____ Occupation _____

List your siblings and their ages, as well as any other family-like relationships in your life.

Do you have supportive relationships in your life right now? Please list a few and say who they are to you (spouse, parent, friend, coworker, etc).

What do you like about yourself? What do you think your strengths are?

What frustrates you about yourself? What would you say your weaknesses are?

What mental health or substance abuse issues are present in your family (mom, dad, grandparents and siblings)? List which family member and what you know/think they have/had.

What have you experienced in the last few weeks?

	Mild	Moderate	Intense	When did this start?	I don't have this now, but I used to.
Sadness					
Crying					
Irritability					
Loss of enjoyment					
Sleep/eating problems					
Grief / loss					
Hopelessness					
Guilt					
Mood swings					
Flashbacks					
Obsessions					
Anxiety					
Panic attacks					
Anger / rage					
Suicidal thoughts					
Suicidal acts					

How much would you say these concerns are affecting these areas of your life?

	Not at all	A little bit	A lot	All the time
Personally	1	2	3	4
Family life	1	2	3	4
Socially	1	2	3	4
Work	1	2	3	4
Health	1	2	3	4

Do you:

Drink coffee _____ How much a day _____

Drink alcohol _____ How much a day / week _____

Consume tobacco _____ How much a day _____

Any other substance that helps you stay awake or feel relaxed or manage stress?

If you feel comfortable doing so, please list upsetting or distressing events from your life that you still think about and/or still affect you negatively:

Is there anything else that I haven't asked that you would like to share and/or you think would be helpful for me to know right now?

Thank you so much for sharing all this information with me. I look forward to working with you.