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PSY 21962

Client Information Form

Note: If you were a patient here before, please fill in only the information that has changed.

A. Identification

Name: _____ Date: _____

B. Chief concern

Please describe the main difficulty that has brought you to see me: _____

_____

_____

_____

C. Treatment

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

❑ No ❑ Yes (If yes, please indicate:)

When?_____ From whom?_____

For what?_____ With what results?_____

2. Have you ever taken medications for psychiatric or emotional problems? ❑ No ❑ Yes If yes, please indicate:

When? _____ From whom? _____

Which medications? _____ For what? _____

With what results? _____

D. Relationships in your family of origin

Please describe the following:

1. Your parents' relationship with each other: _____

_____

_____

_____

2. Your relationship with each parent and with any other adults present: _____

_____

_____

_____

3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties: _____

_____

_____

_____

4. Your relationship with your siblings in the past and present: _____

_____

_____

_____

E. Abuse history

❑ I was not abused in any way ❑ I was abused

If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fon-dling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect. E = Emotional, such as humiliation, etc.

Your age _____ Type of abuse _____ By whom? _____

Effects on you? _____

Who did you tell? _____ Consequences of telling? _____

F. Present relationships

1. How do you get along with your present spouse or partner? _____

_____

_____

_____

2. How do you get along with your children? _____

_____

_____

3. Your important friends, past and present:

Names_____

Good parts of relationship _____

Bad parts of relationship _____

G. Chemical use

1. How many cups of regular coffee do you drink each day? _____ How many cups of tea? ____. How many sodas with caffeine (Coke, Pepsi, Mountain Dew, Dr. Pepper, Orange Crush, etc.)? ____ How many "energy drinks"? ____ How often do you use No Doz or similar caffeine pills? _____ .

2. How much tobacco do you smoke or chew each week? _____

3. Have you ever felt the need to cut down on your drinking? ❑ No ❑ Yes

4. Have you ever felt annoyed by criticism of your drinking? ❑ No ❑ Yes

5. Have you ever felt guilty about your drinking? ❑ No ❑ Yes

6. Have you ever taken a morning "eye-opener"? ❑ No ❑ Yes

7. How much beer, wine, or hard liquor do you consume each week, on the average?

_____

8. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? ❑ No ❑ Yes

9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner? ❑ No ❑ Yes If yes, which and when? _____

Which drugs (not medications prescribed for you) have you used in the last 10 years? _____

_____

_____

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth:

_____

_____

_____

H. Legal history

1. Are you presently suing anyone or thinking of suing anyone? ❑ No ❑ Yes. If yes, please explain:

_____

_____

2. Is your reason for coming to see me related to an accident or injury? ❑ No ❑ Yes If yes,please explain:

_____

_____

3. Are you required by a court, the police, or a probation/parole officer to have this appointment? ❑ No ❑ Yes. If yes, please explain: _____

_____

_____

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: F = federal, S = state, Co = county, Ci = city. Under "Sentence," write in the time and the type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = commu-nity service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution).

Date	Charge(s)	Jurisdiction (F,S,C,Ci)	Sentence (AR, I, Pr, Pa)	Probation/parole officer's name	Your attorney's name

5. Your current attorney's name: _____ Phone: _____

6. Are there any other legal involvements I should know about? _____

_____

_____

I. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper:

_____

_____

_____

_____

_____

_____

J. Follow-up by clinician

Based on the responses above and on ❑ interview data ❑ records I reviewed ❑ other information I have asked the client to complete and/or I have completed the following forms:
❑ Chemical use survey ❑ Suicide risk assessment summary and recommendations ❑ Mental status evaluation report

Other: _____

_____

_____