



**Client Information**

Today's Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 SSN #: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age Today: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 If Call, is leaving a voicemail message okay? Yes \_\_\_ No \_\_\_  
 Email Address: \_\_\_\_\_  
 Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_  
 Employed: Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_  
 Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_  
 If yes, What? \_\_\_\_\_ When? \_\_\_\_\_  
 Have you ever been charged or convicted of a sexual crime? Yes \_\_\_ No \_\_\_  
 Are you on probation? Yes \_\_\_ No \_\_\_  
 If yes, name of probation officer? \_\_\_\_\_ PO #: \_\_\_\_\_

**Substance Use Services**

Do you or have you ever used drugs or any mood altering substances?  
 Yes \_\_\_ No \_\_\_ If yes, drug of choice? \_\_\_\_\_  
 How many years using? \_\_\_\_\_ Date of last use? \_\_\_\_\_  
 Any past treatment? Yes \_\_\_ No \_\_\_

When?	Where?

Successful completion? Yes \_\_\_ No \_\_\_  
 How long clean and sober? \_\_\_\_\_  
 Medical problems? Yes \_\_\_ No \_\_\_ If yes, what?  
 \_\_\_\_\_  
 Are you currently prescribed any narcotics or other mood altering drugs? Yes \_\_\_ No \_\_\_  
 If yes, what? \_\_\_\_\_  
 Do you have transportation to get to counseling? Yes \_\_\_ No \_\_\_

**Health Insurance Information**

Insurance Company: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

**Mental Health Services**

Have you received counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Any psychiatric mental counseling in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Where?	When?

Past mental health diagnoses? \_\_\_\_\_

**Medications**

Currently on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication	Dose	Frequency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_