

**INDIVIDUAL  
CLIENT INFORMATION FORM**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_ I was referred by \_\_\_\_\_

In case of an emergency contact \_\_\_\_\_

**WORK & STUDY**

Occupation/Current Study \_\_\_\_\_

Employer/Source of Income \_\_\_\_\_

I like my work/studies:

Very much \_\_\_ Most of the time \_\_\_ Some of the time \_\_\_ Not at all \_\_\_

**FAMILY OF ORIGIN**

If living, how old is your: Mother \_\_\_ Father \_\_\_ Step- Parent(s) \_\_\_\_\_?

Are your parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_?

If deceased, what was the age and cause of death? \_\_\_\_\_

How many sister(s) do you have? \_\_\_\_\_ brother(s)? \_\_\_\_\_

What was your order of birth in the family? \_\_\_\_\_

**RELATIONSHIPS**

Check all that apply. Are you presently: Single \_\_\_? Dating \_\_\_? Involved \_\_\_?

Cohabiting \_\_\_? Married \_\_\_? Divorced \_\_\_? Widowed \_\_\_?

If in a relationship, how would you describe it? Very happy \_\_\_ Happy \_\_\_ OK \_\_\_ Unhappy \_\_\_

If single, have you ever been in a relationship? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

**CHILDREN**

Do you have children? Girls/Ages \_\_\_\_\_ Boys/Ages \_\_\_\_\_

Stepchildren, or Co-parenting? \_\_\_\_\_

**PHYSICAL HEALTH**

My health is generally: Very good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Physician / Primary Care Giver: \_\_\_\_\_

Physical problems, if any: \_\_\_\_\_

Are you taking any medications? Y \_\_\_ N \_\_\_ If so, what and why? \_\_\_\_\_

INDIVIDUAL CLIENT INFORMATION FORM (Cont.)

Do you use: Alcohol \_\_\_\_\_ If so, how often? \_\_\_\_\_

Other drugs or substances? \_\_\_\_\_

Have alcohol, other substances or processes ever been a problem for you? \_\_\_\_\_

Describe: \_\_\_\_\_

For your family or friends? \_\_\_\_\_ Describe: \_\_\_\_\_

Have you ever been in a 12-step recovery program? \_\_\_\_\_

PREVIOUS THERAPY

Have you had any previous therapy? \_\_\_\_\_ Approx. dates \_\_\_\_\_

Type(s) of therapy \_\_\_\_\_

Name(s) of therapist(s) \_\_\_\_\_

Did you benefit from the experience? How or how not? \_\_\_\_\_

\_\_\_\_\_

What do you think are important qualities in a counselor? \_\_\_\_\_

\_\_\_\_\_

CURRENT ISSUES

Please list the areas/issues in your life that are creating the most difficulty for you:

\_\_\_\_\_

\_\_\_\_\_

Jot down any ideas you might have about what would help you in these areas:

\_\_\_\_\_

\_\_\_\_\_

Please list the areas/items that bring you the most enjoyment:

\_\_\_\_\_

\_\_\_\_\_

Imagine saying good-bye to your counselor after a meaningful period of time and you felt it was successful.

How do you feel you might have changed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank You For Your Time*