Located at The White Picket Fence Counseling Center
(407) 590-4038

Client Information Form

Today's date:______________________
Note: If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your name: ____
Date of Birth:__________________ Age: _____
Birth Sex: _______________ Self-Reported Gender: _________________
Home street address: ____
City: ____ State:______ Zip:__________
Phone numbers
Home _________________________________ ok to leave message? Yes No
Work ____________________________ ____ ok to leave message? Yes No
Cell/other ______________________________ ok to leave message? Yes No
Preferred contact number: Home Work Cell/Other
Email Address: ____

Person and number to call in case of emergency ___________________________________
____

Current marital status: _single _married _widowed _ divorced _separated _live together

What is the primary cultural background with which you most closely identify?
_Caucasian _Black/African American _Hispanic/Latino _ Asian _Biracial _Other

B. Referral

Who gave you my name to call?
Name: ____
May I have your permission to thank this person for the referral? _ Yes _ No
How did this person explain how I might be of help to you? _________________________
____

C. Your Medical Care

From whom or where do you get your medical care?
Clinic/doctor's name: __________________________________ Phone:____________________
Address:____

If you enter treatment with me, may I tell your medical doctor so that he/she can be fully informed and we can coordinate treatment? _Yes _No
Current medical conditions or problems ____
____
Current medications ____

Located at The White Picket Fence Counseling Center
(407) 590-4038
Client Information Form

D. Education and Employment Information
Highest degree/grade completed __________________ Type of degree ___________
Occupation (former if retired) ______________________ Employer ________________

E. Current Concerns
What is bringing you here at this time?
____
____
____
Estimate the severity of the above concerns: _mild _moderate _ severe

Have you ever received psychological, drug or alcohol treatment, or counseling services before? _No _Yes (please indicate below)
When? From Whom? For what? With what results?
____
____
____
____

F. Relationship Information
Past and present marriages/significant intimate relationships (first names, years together, nature of the relationship(s), ex. Friendly, distant, abusive, loving, hostile)
____
____
____
____
Children, step children, grandchildren (first names, ages, brief statement of your relationship with that child)
____
____
____
____
Please list any family members with mental health, substance use, or violence issues
____
____
____

Located at The White Picket Fence Counseling Center
(407) 590-4038

Client Information Form

G. Chemical Use

Do you currently consume/use alcohol, tobacco, or other substances? _No_Yes
(please describe)____
Past substance use/abuse ____
____

H. Religious/Spiritual Issues

Are spiritual or religious issues important to you? _No _Yes ______________________
____

Do you wish to discuss them in counseling when relevant? _No _Yes ___________
____

I. Suicide Assessment

Have you attempted suicide? _No _Yes (how long ago?, how many times?) _________
____
____

Do you have current thoughts of ending your life? _No _Yes (Do you have a plan? Please describe)
____
____

J. Social/Personal/Fun

What things bring you joy or pleasure in life? _______________________________________
____
____
____
____

Thank you!

Located at The White Picket Fence Counseling Center
1345 Clay Street
Winter Park, FL 32789
counselorjar@aol.com
www.pozitivetherapy.com