

**Client Information Form**

**Today's date:** \_\_\_\_\_

**A. Identification**

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your nicknames or aliases: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

**B. Your current/most recent employer/ Insurance Information**

Employer: \_\_\_\_\_

Address : \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

Please list your Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group# \_\_\_\_\_

If you do not have insurance or your insurance is not Anthem Blue Cross, AETNA or Optum Tri Care, please sign here to verify that fact: SIGNATURE: \_\_\_\_\_

Please indicate if you are currently employed or on a leave for any reason \_\_\_\_\_

**C. Chief concern**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Treatment**

1. Have you ever received psychological or psychiatric 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?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**E. 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. Are there any other legal involvements I should know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature below indicates that the above information is true and correct to the best of your knowledge.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date