

Client Information Form

A. Identification

Name _____ Date _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____ Date of Birth _____

B. Chief Concern

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

C. Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? yes no

If yes, please describe (including dates, reason for treatment, and results):

2. Have you ever taken medications for psychological or emotional problems? yes no

If yes, please describe (including dates, medication(s), reasons for taking the medication(s), results, and, if you are no longer taking it/them, reason for stopping):

Jennifer Beall, LCPC

Beall Pastoral Counseling

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D. Relationships in your family of origin. Please describe the following:

1. Your parents' relationship with each other:

2. Your relationship with each parent, in the past and present:

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

4. Your relationships 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 kind of abuse (physical, such as beatings; sexual, such as touching/molesting, fondling, or intercourse; neglect, such as failure to feed, shelter, or protect; or emotional, such as humiliation, etc.). How old were you? Who abused you? *[Please note: Maryland law requires me to report child or elder abuse, no matter how long ago it happened. If you give me the name of your abuser, I will have to report him or her. If you do not wish this to happen, please be general rather than specific, e.g., "my neighbor" rather than "my neighbor, John Smith."]*

What were the effects of the abuse upon you? Did you tell anyone? If so, what were the results?

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F. Present relationships

1. What is the name of your present spouse or partner? How do you get along with him or her?

2. Do you have children? ___ yes ___ no

If yes, what are their names, genders, and ages? How do you get along with your children?

3. Describe other important relationships, past and present:

G. Religion/Spirituality

Do you consider yourself to be a religious and/or spiritual person? Do you currently practice a particular faith? What is the role of religion/spirituality in your life? Are you satisfied with this?

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H. Your education and training

Dates	Name of school	Major/Minor

I. Employment and military experiences

Dates	Name of military or employer	Job title or duties	Reason for leaving

J. 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:

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K. How did you hear about me (check all that apply)?

- Friend/acquaintance**
- Pastor/clergy**
- Doctor**
- 12-step meeting**
- Women's Journal***
- YOURHealth Magazine***
- Google search**
- Yahoo! Search**
- Other search engine (please specify) _____**
- PsychologyToday.com**
- Find-a-Therapist.com**
- 4WomensTherapy.com**
- 4AddictionTherapy.com**
- 4DepressionTherapy.com**
- CBT-Therapists.com**
- Networktherapy.com**
- GoodTherapy.org**
- Theravive.com**
- Facebook.com**
- LinkedIn.com**
- Insurance company website**
- Other (specify) _____**

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