

Client Information Form

PERSONAL DATA

Name _____ Date _____

Address _____

Age _____ DOB ____/____/____ Sex M F Home Phone (____) _____

Occupation _____ Work Phone (____) _____

No. Years Education _____ Marital Status _____ Insurance Co. _____

Currently living with _____ Ins. Group # _____

Spouse/Partner's Occupation _____ No. of Children _____ Ages _____

Person to contact in an emergency _____ Phone (____) _____

Address _____ Relation to you _____

MAIN PROBLEMS: Please list the major problems that you would like help with in therapy, and rate the severity of each one according to the scale below:

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Not a Problem Mild Problem Moderate Problem Severe Problem Couldn't be worse

RATING

1. _____

2. _____

3. _____

Briefly describe what motivated you to seek therapy at this time (rather than some time earlier or later): _____

(Please use the back of this page or an additional sheet of paper if you need extra space for answers)

MEDICAL PROBLEMS: Do you have any serious medical conditions? (If yes, please describe)..... No Yes

Problems with: Headaches ___ Indigestion ___ Diarrhea ___ Constipation ___ Circulation ___ Shortness of Breath ___ Frequent Urination ___
Body Aches/ Pain ___ Menstrual problems ___

How would you rate your overall health? Excellent ___ Good ___ Fair ___ Poor ___

Please list any medications you are taking: _____

In Past Year, how many: Visits to doctor ___ Sick days ___ Cigarettes-day ___ Alcoholic drinks/day ___ Psychotherapy sessions, ever ___

Number of family members with: Alcohol/drug problems ___ Psychiatric problems (e.g., depression, psychosis) ___

CURRENT STRESSFUL EVENTS: Legal ___ Financial ___ Family problems ___ Family Illness ___

Other _____ Are you in an abusive relationship? No ___ Somewhat ___ Yes ___

Recent losses (jobs, relationships, or difficult changes) _____

Self -Report

DAILY FUNCTIONING: Please give a rough estimate

LIFELONG FUNCTIONING: Please check the best and worst times of your life:

of how many hours per week you spend doing the following in a typical week:

Working in your primary job _____
 Parenting/Caretaking of others _____
 Doing household chores, bills, etc _____
 TV, Movies _____
 Physical recreation or exercise of some kind _____
 Hobbies (crafts, games, music, dancing, reading, etc.) _____
 Social activity with friends, family _____
 Church, charity, spiritual or inspirational activities ... _____
 Quiet, non-productive, or relaxing time _____
 Average number of hours of sleep per night _____

Age	Best Times	Average times	Worst Times
0-5	_____	_____	_____
6-12	_____	_____	_____
13-19	_____	_____	_____
20-29	_____	_____	_____
30-39	_____	_____	_____
40-49	_____	_____	_____
50-59	_____	_____	_____
60-69	_____	_____	_____
70-79+	_____	_____	_____

WORST TIME IN LIFE (Please briefly describe). (You may use the back of this page for answers in the following sections, if needed:)

Who helped you through it? _____

Are there things that cause you to feel ashamed or that would be difficult to talk about? (No need to specify) No Yes

BEST TIME IN LIFE (Please briefly describe) _____

_____ Was there someone to share it with? Yes No

Do you have a close friend who is supportive and someone you can confide in during difficult times?..... Yes No

What have you done that you are **MOST PROUD OF**? _____

What are your **STRENGTHS** (How do you cope) when times are hard? _____

Do you feel you are a person of worth at least on an equal basis with others? Very Much Much Somewhat A little No

How much enjoyment or pleasure are you currently getting out of living? Very Much Much Moderate A little None

What is your income range? Under \$20,000 ___ /\$20-39,000 ___ /\$40-59,000 ___ /\$60-80,000 ___ / Over \$80,000 ___

SELF-ASSESSMENT OF FUNCTIONING: Please rate (from 1-10) how well you feel you are currently functioning in each of the three areas listed below, according to the following scale:

10 ----- 9 ----- 8 -----7----- 6 ----- 5 ----- 4-----3 ----- 2 ----- 1

Excellent Functioning Mild difficulty Moderate difficulty Severe Difficulty Barely able to function

1. General Mood (Depression, Anxiety, etc.) _____ **2. Social Relationships?** _____ **3. Daily work or school?** _____

Self-Report Checklist

In the last month has there been a period of time (of 2 weeks or more) when you were feeling depressed or down most of the day nearly every day? No Yes

Have you felt a lot less interested in things or unable to enjoy the things you used to enjoy? (Was it most of the day nearly every day for at least two weeks?) No Yes

For two years or more, have you been bothered by depressed mood most of the day, more days than not? No Yes

Have you felt any of the following? Please check:

Pronounced weight loss or weight gain	_____	Difficulty concentrating/indecisive	_____
Sleeping too much or too little	_____	Recurrent thoughts of death, dying or hurting yourself	_____
Fidgety/Agitated or restless behavior	_____	Making a plan for suicide	_____
Feeling slowed down, sluggish	_____	Taking some action toward suicide ...	_____
Feelings of worthlessness or excessive guilt	_____	Fatigue or loss of energy	_____

Have you ever before had a 2 week period when you were feeling depressed or down more days than not?	No	Yes
In the last month, has there been a period of time when you were feeling so good, high, excited or hyper that other people thought you were not your normal self or you got into trouble? (Did anyone say you were manic? Was that more than just feeling good?)	No	Yes
Has there been a period of time when you felt so irritable that you shouted at people or started fights/arguments?....	No	Yes
Have you ever had a time when you were feelings so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble: (Did anyone say you were manic, then?)	No	Yes
Have you had any unusual experiences, for example did it ever seem like people were talking about your taking special notice of you?	No	Yes
What about receiving special messages from people or from the way things were arranged around you, or from the newspaper, radio, or TV?	No	Yes
Other than when you were depressed or feeling high, has there been a time when you heard voices, had visions, or saw or smelled things that others couldn't see or smell?	No	Yes
Or did you do something to call attention to yourself like dressing in some odd way or doing something strange?....	No	Yes
Was there ever a period in you life when you drank too much? (Has alcohol ever caused problems for you?)	No	Yes
Has anyone ever objected to your drinking - or a doctor told you to stop drinking?	No	Yes
Have you gone 'on the wagon' or ever tried to cut down on your drinking?	No	Yes
Have you used any street drugs, or used prescription drugs in an amount or way that wasn't prescribed?	No	Yes
If street drug: Has there ever been a time when you took it at least ten times in a one month period of time?	No	Yes
If prescribed: Did you ever get hooked/dependent?	No	Yes
Have you ever had a panic attack, when you felt frightened, anxious, uncomfortable, worried about going crazy or suddenly developed a lot of physical symptoms (e.g., heart-pounding, trembling, dizziness)?	No	Yes
If yes, has the panic attack been followed by persistent concern about having additional attacks, worry about the implications or consequences of the attack, or a significant change in behavior related to the attacks?	No	Yes
Have you ever been bothered by thoughts, impulses or images that caused anxiety and kept coming back even when you tried not to have them?	No	Yes
What about awful thoughts, like hurting someone against your will, or being contaminated by germs or dirt?	No	Yes
Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure you'd done it right?	No	Yes
Is there a traumatic event or memory that keeps coming back in nightmares, flashbacks or thoughts—that you can't put out of your mind, & which continues to cause you great distress?	No	Yes

Have you been afraid of leaving the house alone, being in crowds, standing in line, or traveling on buses or trains?	No	Yes
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Have you felt any of the following? Please check:

Pounding, racing heart . ___ Chest pain or discomfort .. ___ Fear of losing control, going crazy ___

Sweating ___ Nausea/abdominal distress___ Fear of dying ___

Trembling, shaking ___ Dizzy, lightheaded or faint___ Numbness or tingling sensation ... ___

Shortness of breath ___ Feelings of unreality or Chills or hot flushes ___

Feelings of choking ___ detached from oneself .. ___

Is there anything that you were ever afraid of or uncomfortable doing in front of other people like speaking, eating or writing?	No	Yes
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Are there any other things that you have been especially afraid of such as flying, snakes, seeing blood, getting a shot, heights, closed places or certain kinds of animals or insects?	No	Yes
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In the last six months, have you been particularly nervous or anxious?	No	Yes
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Do you worry a lot about terrible things that might happen?	No	Yes
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Have you felt any of the following? Please check:

Restlessness or feeling keyed up or on edge ___ Irritability ___

Being easily fatigued ___ Muscle tension ___

Difficulty concentrating or mind going blank ___ Difficulty sleeping or restless sleep ... ___

Self Report Checklist:

Over the last several years, have you had to go to the doctor often because you weren't feeling well?	No	Yes
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Have you worried that something was wrong, even when a doctor told you there was nothing the matter?	No	Yes
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Have you ever had a time when you weighed much less than other people thought you ought to weigh?	No	Yes
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At that time were you very afraid that you could become fat?	No	Yes
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Have you often had times when your eating was out of control?	No	Yes
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Have you ever made yourself throw-up, used laxatives or exercised a lot to prevent weight gain?	No	Yes
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Have you had trouble concentrating on things or paying attention for at least 6 months?	No	Yes
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Have you had symptoms of hyperactivity, impulsivity, or restlessness that has persisted for at least 6 months?	No	Yes
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Self-Report Checklist

1. Have you avoided jobs or tasks that involved having to deal with a lot of people?	No	Yes
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2. Do you avoid getting involved with people unless you are certain they will like you?	No	Yes
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3. Do you find it hard to be "open" even with people you are close to?	No	Yes
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4. Do you often worry about being criticized or rejected in social situations?	No	Yes
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5. Are you usually quiet when you meet new people?	No	Yes
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6. Do you believe that you're not as good, as smart, or as attractive as most other people?	No	Yes
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7. Are you afraid to try new things?	No	Yes
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8. Do you need a lot of advice or reassurance from others before you can make everyday decisions?	No	Yes
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9. Do you depend on other people to handle important areas in your life such as finances, child care or living arrangements?	No	Yes
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10. Do you find it hard to disagree with people even when you think they are wrong?	No	Yes
11. Do you find it hard to start work on tasks when there is no one to help you?	No	Yes
12. Have you often volunteered to do things that are unpleasant?	No	Yes
13. Do you usually feel uncomfortable when you are by yourself?	No	Yes
14. When a close relationship ends, do you quickly need to find someone else you can rely on?	No	Yes
15. Do you worry a lot about being left alone to take care of yourself?	No	Yes
16. Are you the kind of person who focuses on details, order, organization or likes to make lists and schedules? ..	No	Yes
17. Do you have trouble finishing jobs because you spend so much time trying to get things exactly right?	No	Yes
18. Do you (or others) feel that you are so devoted to work (school) that you have no time for others or for fun? .	No	Yes
19. Do you have very high standards about what is right and what is wrong?	No	Yes
20. Do you have trouble throwing things out because they might come in handy someday?	No	Yes
21. Is it hard for you to let other people help you unless they agree to do things exactly the way you want?	No	Yes
22. Is it hard for you to spend money on yourself and other people even when you have enough?	No	Yes
23. Are you often so sure you are right that it doesn't matter what other people say?	No	Yes
24. Have other people told you that you are stubborn or rigid?	No	Yes
25. When someone asks you to do something that you don't want to do, do you then work slowly or do a bad job?	No	Yes
26. Often, if you don't want to do something, do you just 'forget' to do it?	No	Yes
27. Do you often feel that other people don't understand you, or don't appreciate how much you do?	No	Yes
28. Are you often grumpy and likely to get into arguments?	No	Yes
29. Have you found that most of your bosses, teachers, doctors, and others who are supposed to know what they are doing, really don't?	No	Yes
30. Do you often think that it's not fair that other people have more than you do?	No	Yes
31. Do you often complain that more than your share of bad things have happened to you?	No	Yes
32. Do you angrily refuse to do what others want and then later feel bad and apologize?	No	Yes
33. Do you usually feel unhappy or like life is no fun?	No	Yes
34. Do you believe that you are basically an inadequate person and often don't feel good about yourself?	No	Yes
35. Do you often put yourself down or blame yourself for things that haven't worked out?	No	Yes
36. Are you a worrier?	No	Yes
37. Do you often judge others harshly and easily find fault with them?	No	Yes
38. Do you think that most people are basically no good?	No	Yes
39. Do you almost always expect things to turn out badly?	No	Yes
40. Do you often feel guilty about things you have or haven't done?	No	Yes

Self Report Checklist:

X1. Have you repeatedly been involved with friends or lovers who have taken advantage of you or let you down?	No	Yes
X2. Have you sometimes gotten into bad situations where you wound up being taken advantage of?	No	Yes
X3. Do you often refuse help from other people because you don't want to bother them?	No	Yes
X4. When people try to help you, do you find it hard to accept or do you make it hard for them to help you?	No	Yes
X5. When you are successful, do you feel depressed or like you don't deserve it, or do something to spoil it?	No	Yes
X6. Do you often turn down the chance to do things that you really enjoy?	No	Yes
41. Do you often have to keep an eye out to stop people from using you or hurting you?	No	Yes
42. Do you spend a lot of time wondering if you can trust your friends or the people you work with?	No	Yes
43. Do you find that it is best not to confide in others because they will use it against you?	No	Yes
44. Do you often pick up hidden threats or insults in what people say or do?	No	Yes
45. Are you the kind of person who holds grudges or takes a long time to forgive when insulted or slighted?	No	Yes
46. Are there many people that you can't forgive because they did or said something to you a long time ago?	No	Yes
47. Do you often get angry or lash out when someone criticizes or insults you in some way?	No	Yes
48. Have you often suspected that your spouse or partner has been unfaithful?	No	Yes
49. When you are out in public and see people talking, do you often feel that they are talking about you?	No	Yes
50. Do you often feel that things that have no special meaning to most people are really meant to give you a message?	No	Yes
51. Do you often detect hidden messages in seemingly unrelated events?	No	Yes
52. Have you ever felt that you could make things happen just by making a wish or thinking about them?	No	Yes
53. Have you had personal experiences with the supernatural?	No	Yes
54. Do you believe that you have a 'sixth sense' that allows you to know or predict things that others can't?	No	Yes
55. Do you often think that objects or shadow are really people or animals or that noises are actually voices?	No	Yes
56. Have you had the sense that some person or force is around you, even though you cannot see anyone?	No	Yes
57. Do you often see auras or energy fields around people?	No	Yes
58. Are there very few people that you are really close to outside of your immediate family?	No	Yes
59. Do you often feel nervous when you are with other people?	No	Yes
60. Is it NOT important to you whether you have any close relationships, including being part of a family?	No	Yes

61. Would you almost always rather do things alone than with other people?	No	Yes
62. Could you be content without ever being sexually involved with another person?	No	Yes
63. Are there really very few things that give you a lot of pleasure?	No	Yes
64. Does it not matter to you what people think of you?	No	Yes
65. Do you find that nothing makes you very happy or very sad?	No	Yes
66. Are you uncomfortable if you are not the center of attention?	No	Yes
67. Do you flirt a lot?	No	Yes
68. Do you often find yourself "coming on" to people?	No	Yes
69. Do you try to draw attention to yourself by the way you dress or look?	No	Yes
70. Do you often make a point of being dramatic and colorful?	No	Yes
71. Do you often change your mind about things (opinions) depending on the people you're with or what you have just read or seen on TV?	No	Yes
72. Do you have lots of friends that you are very close to?	No	Yes
73. Do most people fail to appreciate your very special talents or accomplishments?	No	Yes
74. Have people told you that you have too high an opinion of yourself?	No	Yes
75. Do you think a lot about the power, fame, or recognition that will be yours someday?	No	Yes
76. Do you think a lot about the perfect romance that will be yours someday?	No	Yes
77. When you have a problem, do you almost always insist on seeing the top person?	No	Yes
78. Do you feel it's important to spend time with people who are special or influential?	No	Yes
79. Is it very important to you that people pay attention to you or admire you in some way?	No	Yes
80. Do you think that it's not necessary to follow certain rules or social conventions when they get in your way?	No	Yes
81. Do you feel that you are the kind of person who deserves special treatment?	No	Yes
82. Do you often find it necessary to step on a few toes to get what you want?	No	Yes
83. Do you often have to put your needs above other people's?	No	Yes
84. Do you often expect other people to do what you ask without question because of who you are?	No	Yes
85. Are you NOT really interested in other people's problems or feelings?	No	Yes
86. Are you often envious of others?	No	Yes
87. Do you feel that others are often envious of you?	No	Yes
88. Do you find that very few people are worth your time and attention?	No	Yes
89. Have you often become frantic when you thought that someone you really care about was going to leave you?	No	Yes
90. Do your relationships with people you really care about have a lot of extreme ups and downs?	No	Yes
91. Have you abruptly changed your sense of who you are and where you are headed?	No	Yes
92. Does your sense of who you are often change dramatically?	No	Yes
93. Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?	No	Yes
94. Have you often done things impulsively (e.g., spending, sex, reckless driving)?	No	Yes
95. Have you tried to hurt or kill yourself or threatened to do so?	No	Yes
96. Have you ever cut, burned or scratched yourself on purpose?	No	Yes
97. Are you a 'moody' person?	No	Yes
98. Do you often feel empty inside?	No	Yes
99. Do you often have temper outbursts or get so angry that you lose control?	No	Yes
100. Do you hit people or throw things when you get angry?	No	Yes
101. Do even little things get you very angry?	No	Yes
102. When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out?	No	Yes

BEFORE THE AGE OF 15 DID YOU EVER DO ANY OF THE FOLLOWING:

103. Did you bully or threaten other kids?	No	Yes
104. Did you start fights?	No	Yes
105. Did you hurt or threaten someone with a bat, brick, broken bottle, knife or a gun?	No	Yes
106. Did you ever deliberately try to cause someone physical pain and suffering?	No	Yes
107. Did you torture or hurt animals on purpose?	No	Yes
108. Did you ever rob, mug or forcibly take something from someone by threatening him or her?	No	Yes
109. Did you ever force someone to have sex with you?	No	Yes
110. Did you set fires?	No	Yes
111. Did you deliberately destroy things that weren't yours?	No	Yes
112. Did you ever break into a house, other buildings, or cars?	No	Yes
113. Did you lie a lot or "con" other people?	No	Yes
114. Did you sometimes steal, shoplift things or forge someone's signature?	No	Yes
115. Did you run away from home and stay away overnight?	No	Yes
116. Would you often stay out very late, long after the time you were supposed to be home?	No	Yes
117. Did you often skip school?	No	Yes