

A NEW DAWN PSYCHOTHERAPY

CLIENT INFORMATION FORM

Today's Date _____

Client Name _____ DOB _____

Address _____ Cell Phone # _____

City, State, Zip _____

Email Address _____ Social Security # _____

Referred By _____ Referral phone # _____

Emergency Contact _____ Contact's Phone # _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Partnered _____

Name of Spouse/Partner _____ How long together? _____

Do you have children? Yes _____ No _____ Please list names, ages, gender _____

Occupation _____ Employer _____

Work Phone # _____

What brings you to therapy? _____

What do you hope to accomplish in therapy? _____

List your most concerning emotional issues _____

List any health problems or concerns you have now:

Problem	How Long	Under Dr.'s Care	Name of Dr.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any medications you are currently taking:

Medication	Reason taking	How long on this medication

Please describe any family history of mood disorders or mental illness:

Who	Disorder/Illness	Present Status

Do you have issues with your appetite? Yes ___ No ___ Have you lost or gained a significant amount of weight recently? Explain _____

How many hours of sleep do you get per night? _____

Personal History:

Did you grow up with your biological parents _____ Were you adopted? ___ At what age? _____

Did you spend time in foster care? _____ For how long? _____

Have you experienced any trauma? (physical, emotional, or sexual abuse, life-threatening event)

Please briefly describe what and when it occurred _____

Do you have a problem with alcohol or drugs? _____

Please describe _____

How often and how much do you use alcohol and/or drugs in a week? _____

Have you ever been arrested for a DUI? ___ When? _____

Do you have a problem with other behaviors such as gambling, shopping, eating, pornography, video games, etc.? ___ Describe _____

Client Signature

Date