

## **CLIENT INFORMATION**

Date

Name:_			
Address	»:		
Phone:	Home#		Work#
	Cell#		E-mail
Birth da	te:		_
		to contact in case of emergency:	
			Work#
		Cell#	
			nat you feel able and comfortable doing uss in person, or over time, as needed.
		CURRENT FUNCT	<u> </u>
What pro	mpted yo	ou to seek therapy at this time?	
Do you h	nave any i	recent changes (in work, relationship, liv	ring conditions, etc.)?
Do you h	ave any r	recent injuries?	

Do you feel suicidal currently? Have you ever felt suicidal in the past? Ever attempted? Or been hospitalized?

## HISTORY WITH THERAPY

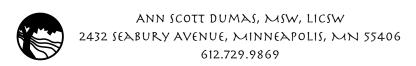
What forms of psychotherapy and body work have you explored? When? What issues were addressed? Have you ever received a diagnosis? If so, how did that fit for you?
Has therapy been a positive experience for you?
Have you had any negative experiences associated with therapy? How has your experience of closure been?
Are you currently taking any medication? If so, who prescribed it, and for what condition? Does it have any side effects you are aware of? Is anyone monitoring your medication? When was it last reviewed? Have you taken medication in the past? If so, when and why did you stop?
LIFESTYLE and RELATIONSHIPS  Please list all the members of your current household, their birth dates, and relationship to you. Include whether children are in your home full-time or part-time.
How do you feel about your current living situation?
Are you currently working? In between jobs? In school? Retired? Disabled? How do you feel about your productivity?

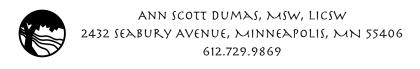
 $Which \ emotions \ do \ you \ feel \ relatively \ easily? \ Which \ emotions \ are \ more \ difficult \ for \ you \ to \ access \ or \ express?$ 

How do you feel about your support system overall? Who do you confide in, or rely on?

Are you currently in a primary relationship? How long have you been in it? How satisfying is it?

What have been your previous significant relationships, with dates? Have you been married previously?





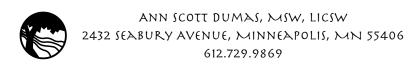
health issues they may have had.

Please list the members of your family of origin, and their dates of birth (and death). Please note any significant mental

Other: siblings, half-siblings:

Client Information

What aspects of your family life do you find yourself playing out now (both those that enhance your life, and those that are problematic)?



## STRENGTHS/GOALS

What do you consider to be your greatest strengths?
What do you draw on in times of challenge?
Do you have any dreams or goals for 5 or 10 years from now? What are they?
If you were 90 years old and looking back on your life, what would you hope to see?
What do you want to accomplish in our work together?
Do you have any resistance, fears, hopes or questions you are aware of entering our work together?
Anything else you'd like me to know:
Thank you so much for taking the time and energy to complete this! I honor and appreciate your

Thank you so much for taking the time and energy to complete this! I honor and appreciate your willingness to share your experience. I hope that this review has been valuable for you. I feel confident that it will support our collaboration toward your goals.

