



8217 W 20th Street, Suite A
Greeley, CO 80634

CLIENT INFORMATION AND BACKGROUND

Client Name: _____ Date: _____
Occupation: _____ Highest Education Level: _____

Tell me why you are coming in today?

What are the biggest or most important problems that you are facing right now?

- 1. _____
- 2. _____
- 3. _____

What are three goals you have for therapy?

- 1. _____
- 2. _____
- 3. _____

How would you describe your mood and the symptoms you have been experiencing the last 2-6 months?

Affect/Mood: Anxious Angry/Explosive Apathetic Depressed Hopeless Irritable
 Lonely/Distant Manic Panic Attacks Unmotivated Other: _____

Appetite Issues: Carb Cravings No appetite Overeating

Behavioral Issues: Academic/Occupational Performance problems Compulsions/Obsessions Impulse Control

Cognitive Issues: Concentration Problems Hallucinations/Delusions Memory Problems Thought Problems

Safety Issues: Thoughts of Self Harm Thoughts of harming others Attempted Suicide: _____

Sexual Issues: Currently sexually active? ___Yes ___No Decreased interest Increased interest Unwanted sexual behavior

Sleep Issues: Nightmares Not Restful Sleeping too much sleeping too little

Trauma: History of physical abuse History of emotional abuse _____

Client Informational & Background

Client Name: _____

Describe your current relational status:

First Name: _____ Married Living Together Partner Living Together Engaged

Describe your current living situation; who is living in your home:

First Name: _____ Spouse Partner Child/Step Child Parent Foster Child Other _____

First Name: _____ Spouse Partner Child/Step Child Parent Foster Child Other _____

First Name: _____ Spouse Partner Child/Step Child Parent Foster Child Other _____

First Name: _____ Spouse Partner Child/Step Child Parent Foster Child Other _____

First Name: _____ Spouse Partner Child/Step Child Parent Foster Child Other _____

Describe any religious/spiritual affiliations:

None Attend Regularly Belief in Higher Power Other _____

Who are the most important people in your life right now and what makes them so important?

First Name: _____ Spouse/Partner Friend Parent/Grandparent Other _____

Importance: _____

First Name: _____ Spouse/Partner Friend Parent/Grandparent Other _____

Importance: _____

First Name: _____ Spouse/Partner Friend Parent/Grandparent Other _____

Importance: _____

What strengths and qualities do you have?

What are your personal interests or hobbies?

How do you spend your free time? _____

Do you have any criminal history? Yes (please describe) No

Have you worked with a counselor or therapist before? Yes (List dates & reason) No

Client Informational & Background

Client Name: _____

TELL ME ABOUT YOUR FAMILY HISTORY

How would you describe your family while you were growing up?

Where did you grow up? _____ Did you move a lot? _____

Parents Relationship: Married for _____ years Divorced when I was _____ lived with _____
 Parent(s) deceased when I was _____ Parent(s) remarried _____

Parent(s) Occupation: Father/Stepfather _____ Mother/Stepmother _____

Siblings: Brothers _____ Sisters _____ Step Siblings _____ Your birth order _____

Anger/abuse behaviors: None Parent (s) Sibling(s) Grandparents Other

Mental Health Issues: None Parent (s) Sibling(s) Grandparents Other

Substance Abuse Issues: None Parent (s) Sibling(s) Grandparents Other

Significant Losses or Trauma: Death Suicide Incarceration Murder Other

Anything else I should know about your family?

Tell me about what I should have asked, but didn't

(About you, your situation, your history, hopes, fears, etc. that would be good for me to know)

Thank you for your thoroughness!