CLIENT BACKGROUND INFORMATION

Please provide some background information with the understanding that it will become a part of your record and it will help me gain a better understanding of you. Please answer each item, or write N/A if the item is not applicable.

Registration Information

Date: ___________________________

Name: ____

SS#: ___________________________ Driver's License: _____________________________

Address: ____

____

Phones: Home: _________________ Work: __________________ Cell: __________________

Next of kin or person who can be contacted in case of emergency:

____

Name Relationship Phone

Family Background

Birthdate: _______________________ Birthplace: _______________________ Age: ________

Parents: Father (age): _____________________ Mother (age): __________________________

Siblings: Brothers (ages): ___________________ Sisters (ages): _________________________

Step-brothers (ages): _______________ Step-sisters (ages): ____________________

Legal status: Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: ____

If married, how long have you been married? ________________________________

Name of Spouse or Partner: __________________________________ Age: _______

Children: Sons (ages): ____________________ Daughters (ages): ________________________

Step-sons (ages): ________________ Step-daughters (ages): ____________________

Who is currently living in your household? __________________________________

____

Vocational Background

Occupation: ________________________________ Employer: ______________________________

How long have you worked for your present employer: _______________________

Current job title or description: ____

Previous employer: ____

How long did you work for your previous employer: _________________________

Previous job title or description: ____

Career goals: ____

____

____

Educational Background

Graduate: _______________________________ Degree: ________________ Year: ___________

College: ______________________________ Degree: ________________ Year: ___________

High School: _______________________________ Diploma: _______________ Year: ___________

Military Background

Branch: ____________________________________ Enlistment: _____________ Discharge: _____

Highest military rank: ____

Legal History

List the dates and details of any history of arrests, legal problems, or any legal problems pending:

DUIs: ____

Arrests: ____

Legal problems: ____

Legal problems pending: ____

Medical Background

Physician: _________________________________ Date of last physical exam: _______________

List any medical conditions that you have had and dates they were diagnosed: ________________

____

____

List any surgical operations that you have had and dates they were performed: _______________

____

____

List any psychiatric hospitalizations that you have had and dates you were hospitalized: ________

____

____

List any allergies or adverse reactions to medications: ____________________________________

____

List any medications (including over-the counter medicines) that you take: ___________________

____

____

List any substances (including tobacco and alcohol) that you use: ___________________________

____

____

List any illegal drugs or substances that you use: ____

____

Approximately how many drinks of alcohol do you drink in a week? _______________________

____

Counseling Background

Have you ever been in counseling or therapy before? ______________________________________

If so, when, with whom, and for what reasons were you in counseling or therapy? ____________

____

____

What is the reason that you are seeking counseling or therapy at this time? ___________________

____

____

What values do you consider most important in your everyday life? _________________________

____

____

Religious/ Spiritual Background

What was the religious background in which you were raised? _____________________________

____

What is your current religious affiliation?____

____

How important is spirituality to your everyday life? _______________________________________

____

Other Information

Please provide any other information that you think would be important ______________________

____

____

____

Client's Signature: ____ Date: _____________________

Interviewer's Signature: _____________________________________ Date: _____________________