

Client Information Sheet

Client Name: _____ Birthdate: _____

Gender: _____ Preferred Pronouns: _____

Best Phone Number: _____ Mailing Address: _____

Ok to leave VM here? Yes No _____

Email Address: _____

What is your preferred form of contact? Phone Email Text

How did you hear about my practice? _____

Emergency Contact (name & phone number): _____

What is this person's relationship to you? _____

Insurance Information

(Fill this out only if you would like to file a claim for out-of-network insurance reimbursement)

Insurance Company Name: _____

Policy ID or Member Number: _____

Group Number: _____

Primary Insured's Name (if different from your own): _____

Primary Insured's Birthday (if different from your own): _____

Client Background Information

Relationship Status (single, partnered, divorced, etc.): _____

If partnered, which of the following best describes your current relationship:

Monogamous **Consensually Non-monogamous** **Polyamorous** **Other**

If 'other', please describe: _____

Client Occupation: _____

Partner's or Partners' Occupation: _____

Have you been in therapy before? Yes No

If so, with whom and for how long? _____

Are you currently taking medication for a psychiatric condition? Yes No

If yes, who prescribes this medication? _____

Please list your current psychiatric medications:

Is there a history of mental illness in your immediate or extended family? Yes No

If yes, whom and what diagnoses? _____

Does anyone in your immediate or extended family struggle with addictive behavior (e.g., drugs, alcohol, gambling, shopping, sex, etc.)? Yes No

If yes, please describe:

Do you have past or present concerns about addictive or compulsive behavior in your own life (drugs, alcohol, gambling, sex, etc.)? Yes No

If yes, please describe: _____

Currently or within the last three months, have you contemplated suicide? Yes No

If yes, which most accurately describes what you've thought about:

(a) I think about suicide occasionally, but I have no idea how I would do it.

(b) I think about suicide more and more and I have an idea about how I would do it.

(c) I think about it suicide often, I know how I would do it, and I have the means with which to carry out my plan.

If neither of the above describes your personal thoughts about suicide, please describe these thoughts in your own words:

Have you ever attempted suicide? Yes No

If yes, please describe (e.g., when, how, number of attempts, etc.):

Is there a history of attempted or completed suicide in your family? Yes No

If yes, to whom and when did this happen?

If you have any questions about this form and/or if you noticed any important emotional reactions while you were filling it out, I'd love to discuss this with you. Please feel free to mention this in our session. I look forward to meeting you.