

CLIENT INFORMATION FORM

Relationship Institute

www.relationship-institute.com

(248) 546-0407

Please answer the following questions as completely as possible.

1. Name: _____ Date: _____

2. Address: _____ City: _____

Zip Code: _____

3. Phone: (Home) _____ Cell: _____

(Work) _____

Email Address: _____

Referred by (Doctor, Internet, Friend, etc): _____

4. Date of Birth: _____ 5. Age: _____

6. City and State of birth: _____

7. Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Their Relation to You: _____

8. What one word best describes your childhood? _____

9. Briefly describe your relationship with your mother,

a) while growing up:

b) now:

10. Briefly describe your relationship with your father,

a) while growing up:

b) now:

11. List your brothers and sisters, their ages and current state of residence:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>State Lives in...</u>
1.			
2.			
3.			
4.			
5.			

12. Please indicate your current relationship status (check all that apply):

- Married How Long? _____
- Divorced
If divorced: How many times have you been married? _____
What was the date of your most recent divorce? _____
- Separated
- Widowed
- Never Married
- Living Together
- Dating More Than One Person
- Dating One Person
- Not Dating Anyone At the Present Time

Please add any relevant comments on the quality of your present relationship(s) or lack of relationship:

Client Contract #: _____

13. Please indicate your current living situation:

- Living Alone
- Living with Spouse
- Living with Spouse and Children
- Living with Significant Other
- Living with Roommate
- Other (please describe):

14. List your spouse (or significant other), your children and their ages:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
1.		
2.		
3.		
4.		
5.		

15. Education: Highest degree earned: _____ Major: _____

Do you have any plans to return to school? _____ If so, what type of schooling might you be interested in?

16. If Employed, Who is Your Employer? _____

What is your job position? _____

If not currently employed, what is your Main Life Activity?

If in school, what school you are currently attending? _____

Client Contract #: _____

What is your ultimate job/life fantasy?

17. Describe the quality of your sleep at night:

18. How has your appetite for food been lately?

19. Have your eating patterns or your body weight ever been a concern for you? _____ If so, please describe:

20. Describe the amount and type of physical activity or exercise that you engage in on a regular basis:

21. How would you rate the level of stress that you are currently experiencing on a daily basis?

(1 = no stress, 10 = constant, severe stress): _____ If there is something in particular that you feel is responsible for the stress in your life at this time, please describe:

22. Have any aspects of your sexuality ever been a cause of concern for you? _____ If so, please describe:

Client Contract #: _____

23. Have you ever experienced any physical or sexual abuse? _____ If so, please describe:

24. Have you ever had seizures or epilepsy? _____ If so, please describe:

25. Please list any allergies you have, or any adverse reactions (if none, write "None"):

26. Please list any medications you are currently taking with the reason you are taking them:

27. Have you smoked cigarettes in the past? _____ Are you currently smoking? _____

If so, how many packs a day? _____

28. When was the last time you drank any alcohol? _____ How much did you drink at

that time? _____ How often do you drink alcohol? _____

How much alcohol do you usually drink when you do drink? _____

Has anyone ever expressed a concern about your drinking? _____ If so, who? _____

What was their concern? _____

29. Have you ever used marijuana? _____ If so, how often?

_____ Date you last used marijuana? _____

Client Contract #: _____

30. Have you ever used cocaine? _____ If so, how often? _____

Date you last used cocaine? _____

31. Please list any other prescription or non-prescription drugs you have ever used in the past or present:

32. Do you have any family members or significant others who now have or once had a problem with alcohol or drugs? _____ If so, who? _____

33. Are you currently having, or have you ever had any legal problems? _____ If so, please describe:

34. Are you currently having, or have you ever had any problems related to money, spending, gambling, credit cards or finances? _____ If so, please describe: _____

35. Have you ever been depressed for a significant length of time? _____ If so, please describe: _____

Have you ever had suicidal or homicidal thoughts? _____ If so, please describe:

36. Have you ever experienced strong feelings of anxiety or panic? _____ If so, please describe:

Client Contract #: _____

37. Have you ever been hospitalized for mental health or substance abuse treatment? _____ If so, please list date(s) and hospital(s): _____

38. Do you have any current medical problems? _____ If so, please describe: _____

39. How would you describe your social network of friends and acquaintances? _____

40. Have you ever had significant personal growth experiences in the form of special trainings, workshops or related experiences? _____ If so, please describe: _____

41. Is there any spiritual/religious/philosophical tradition(s) or teaching(s) which have had a significant effect on your life, now or in the past? If so, please describe: _____

42. What are your greatest strengths, talents and resources? _____

43. What are your favorite leisure activities? _____

Client Contract #: _____

44. Any previous therapy? _____ Dates and length of treatment?
_____ Was therapy helpful? _____

Why or why not? _____

45. What brings you to therapy at this time? _____

46. What do you hope to get out of therapy? _____

47. Anything else you would like to add? _____

*Thank you for filling out this form.
Your responses will help us determine the best course of treatment for your situation.*

Therapist Signature

Date

Client Contract #: _____