new leaf
psychological services

CLIENT INFORMATION FORM
ADULT

DEMOGRAPHIC INFORMATION

Name: ____

Marital Status: __single __married __living as married __divorced __widowed

Children: Name Age

____

____

____

____

Cultural Background (e.g. Ukrainian, Sioux, German, etc.): ___________________________

Race: __Caucasian __Aboriginal __Metis __Asian __Other______________________

Religion/Spirituality: ____

First Language: ______________________________

PRESENTING ISSUES

Please describe your main concerns or symptoms at this time (including type and frequency):

____

____

____

How long have you experienced these difficulties?___________________________________

Describe any events/stressors that may have contributed to the development of your symptoms:

____

____

____

What have you found helpful in dealing with your difficulties/symptoms?

____

____

PSYCHOSOCIAL/ENVIRONMENTAL STRESSORS

Which, if any, of the following stressors are you currently experiencing? (check all that apply)

__ Family conflict __ Loss of significant person (death or relocation) __ Divorce

__ Health problems __ Financial stress __ Housing problems __ School difficulties

__ Unemployment __ Job stress __ Retirement

__ Other ____

As a child or an adult, have you ever experienced:

Physical abuse	Yes___	No___
Sexual abuse	Yes___	No___
Emotional/verbal abuse	Yes___	No___

If yes, please describe below, including your age(s) at time(s) of event(s): ________________

____

____

____

Have you ever witnessed/experienced traumatic events (e.g. violence, accidents, war, etc)?

Yes__ No__ If yes, please describe: ___________________________________

____

____

CURRENT SUPPORTS

Who do you currently consider to be supportive to you (family, friends, spiritual, groups, etc)?

____

____

____

____

FAMILY HISTORY

Mother's name: ____ Still living: Yes__ No__

Father's name: ____ Still living: Yes__ No__

Siblings: Name Age

____

____

____

____

Please describe your current relationships with your parents and siblings (frequency of contact, closeness, supportiveness, conflict, etc.): ____

____

____

____

Has anyone in your family ever been diagnosed/treated for a mental health concern? Yes__ No__

If yes, please describe their relationship to you (e.g. mother, uncle, etc.) and the nature of the mental health concern (e.g. depression, anxiety, schizophrenia, etc.):

____

____

____

Has any member of your family ever misused drugs or alcohol? Yes__ No__

If yes, please indicate their relationship to you: ________________________________

CURRENT LIVING SITUATION

Please indicate where you presently live (house, apartment, etc.) _________________________

and with whom you live (parents, partner, alone, etc.)__________________________________

____

EMPLOYMENT HISTORY

Please indicate below your work history for the last 5 years (including current employment):

Position held Dates/For how long

____

____

____

____

____

Have you ever been fired from a job? Yes__ No__

Are you presently employed? Yes, full-time__ Yes, part-time__ No__

SCHOOL HISTORY

Please indicate the highest level of education you have completed _______________________

Were you ever held back a grade in school? Yes__ No__

If yes, please indicate which grade(s) ____

Were you ever placed in special classes, modified programs, or resource room? Yes__ No__

MEDICAL HISTORY

Please list below any hospitalizations that you have had:

Reason for Hospitalization   Age

____

____

____

____

Please indicate any medical conditions you have: ______________________________

____

____

____

____

Have you ever experienced: Head injury Yes__ No__
Loss of consciousness Yes__ No__
Seizure Yes__ No__

If yes to any of the above, please describe: ______________________________

____

____

Please list any prescription medications (including dosage) you are presently receiving:

____

____

____

DRUG/ALCOHOL/GAMBLING HISTORY

1. How often do you drink alcohol? ______________________________

How many drinks do you generally drink at a time? ______________________________

Please describe any past use of alcohol: ______________________________

____

2. Are you presently using any illicit drugs (e.g. marijuana, cocaine, etc.)? Yes__ No__

If yes, please indicate which drugs you use, how much you use at a time, and how frequently you use these drugs: ______________________________

____

____

Please describe any past use of illicit drugs: ______________________________

____

3. Have you ever received treatment for drug/alcohol problems? Yes__ No__

If yes, please indicate when and where you received treatment:

Dates of Treatment Name of Facility/Therapist

____

____

4. Do you presently participate in gambling activities (e.g. VLT, horse races, etc)? Yes__No__

If yes, please indicate how frequently you gamble and how much money you generally spend each time you go out gambling: ____

____

____

5. Have you ever received treatment for a gambling addiction? Yes__ No__

If yes, please indicate when and where you received treatment:

Dates of Treatment Name of Facility/Therapist

____

____

LEGAL INVOLVEMENT

Have you ever been in trouble with the law? Yes__ No__

If yes, please indicate when and the type of charge or offense:

Date of Offense/Charge Type of Offense/Charge

____

____

OTHER

Is there any other information you feel would be important to know about you?

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