

## Information Form

Full Name including (nickname) \_\_\_\_\_

Phones- home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Date of birth \_\_\_\_\_ age \_\_\_\_\_

Relationship status: single, married, have a partner, separated, divorced, widowed,  
engaged (please circle one)

### Questions about what brings you to therapy

*(Use the back of the sheet for any of these if you need the space)*

*Reason(s)* for coming to therapy?

*Goal(s)* for therapy?

*Greatest fear* related to coming to therapy?

Have you been in therapy previously? \_\_\_\_\_ With whom? \_\_\_\_\_  
When? \_\_\_\_\_ Would you like me to contact that therapist? \_\_\_\_\_

### **Your Family**

(Disregard the next two if your partner is coming with you for couples therapy)

Spouse, Partner, Significant other \_\_\_\_\_

Their education and work \_\_\_\_\_

Children – please list them by name and age with gender, and if include if by previous marriage, adopted, and if they are living with you at home or not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other persons that live at home with you \_\_\_\_\_

Pets \_\_\_\_\_

## Your Family of Origin

Please list family that you grew up with, including their present age, or age when they died

Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Step parents \_\_\_\_\_  
 Sisters and Brothers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Any other persons in your household \_\_\_\_\_

Please **circle** any of the following that **apply to you?**

criticize self too much	concerned about someone's alcohol use
headaches	concerned about someone's drug use
stomach problems	gambling concerns
other health problems	pornography concerns
job related concerns	violent/harmful behavior by you
feeling depressed	violent/harmful behavior by someone else
weight gain	weight loss
sexual concerns	suicidal thoughts
lack of friends	financial problems
spiritual concerns	grief and loss
lonely	anxiety
religious concerns	spiritual concerns
relationship concerns	parenting concerns
alcohol misuse/abuse	drug misuse/abuse
out of control spending	anger concerns
codendency concerns	boundaries concerns

Do you use alcohol? \_\_\_\_\_ If so, how often, and how much? \_\_\_\_\_  
 Do you use drugs? \_\_\_\_\_ Is so, how often, and how much? \_\_\_\_\_

Current prescription medication you are taking \_\_\_\_\_

Have you ever gotten a DUI or had any other type of charge related to alcohol or drug use? \_\_\_\_\_ If so, when? \_\_\_\_\_

### Educational background

Highest level of school attended: \_\_\_\_\_

Name of college/university/community college/certificate program attended \_\_\_\_\_

Diploma/Degree/Certificate \_\_\_\_\_

Further study plans \_\_\_\_\_

Work life

Place of Employment \_\_\_\_\_ Length of time there \_\_\_\_\_

Position \_\_\_\_\_

Describe how you feel about your work \_\_\_\_\_

Insurance Information

Name of insurance \_\_\_\_\_

Insurance Identification Number \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

If you are covered by a spouse's insurance:

Spouse's Complete Name including middle initial \_\_\_\_\_

Spouse's Identification Number \_\_\_\_\_

Spouse's Group Number \_\_\_\_\_

Spouse's Birthday \_\_\_\_\_

*Who referred you to me?* \_\_\_\_\_ I like to write a simple thank you note to persons that refer to me. If this is okay, please initial here \_\_\_\_\_ I include no confidential information, and certainly will not do it if you prefer me not.

**Further Information**

Please use the remaining space and the back if needed to let me know about anything that you have not previously mentioned; that you believe might be important for our work together.