

CLIENT REGISTRATION

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| *General Information*  |
| **Name:**       | **Nickname/Alias:**       | **Date of Birth:**       |
| **Gender:**       | **SSN:**       | **Age:**       |
| **Address:**        |
| **Cell Phone:**       | **Home Phone:**       |
| **May we leave a message?** [ ] Yes [ ] No | **Email:**       |
| **Emergency Contact:**       | **Relationship:**       | **Phone:**       |

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| *Insurance Information*  |
| **Company/Carrier Name:**       |
| **ID Number:**       | **Group Number:**       |
| **Policy Holder Name:**       | **Policy Holder Date of Birth:**       |
| **Policy Holder Address:**       |
| **Policy Holder Employer:**       | **Provider/Behavioral Health Phone:**       |

\*Please check all boxes that apply\*

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| *Current Life Situation* |
| **Referral Source**  |
| [ ] self-referred  | [ ] health insurance | [ ]  social service agency | [ ] friend or family  | [ ] other:       |
| **Reason for Attending Therapy**  |
|        |
| **Housing and Household Membership**  |
| [ ] rents home [ ] owns home [ ] residential care/treatment facility  | [ ] friend’s home [ ] relative/guardian’s home [ ] transitional housing | [ ] homeless[ ] partner living in the household[ ] children living in the household  | [ ] others living in the household[ ] stable and safe living situation[ ] unstable or unsafe living situation |
| **Basic Needs and Economic Status**  |
| [ ] basic needs met  | [ ] transportation concerns | [ ] financial stressors  | [ ] receiving public assistance |
| **Education**  |
| [ ] high school GED [ ] high school diploma | [ ] some postsecondary education[ ] college degree | [ ] graduate degree [ ] degree or certification: {Text Box} | [ ] history of special education [ ] learning disorder |
| **Employment**  |
| **[ ]** occupation:       | [ ] unemployed | [ ] working part-time | [ ] working full-time | [ ] satisfied with job | [ ] unsatisfied with job |
| **Quality of Significant Personal Relationships**  |
| [ ] single [ ] married [ ] separated  | [ ] divorced [ ] widowed [ ] significant other  | [ ] partner conflict [ ] family conflict [ ] friend conflict  | [ ] coworker or professional conflict[ ] neighbor conflict[ ] satisfied with relationships  |
| **Strengths and Resources (ex. personal strong points and people/organizations you count on for support)** |
|       |
| **Belief Systems and Spirituality**  |
| [ ] Christian[ ] Jewish | [ ] Mormon[ ] Buddhist | [ ] Atheist[ ] Agnostic | [ ] Muslim[ ] Other: {Text Box} |
| **Cultural Influences**  |
| [ ] White [ ] American Indian or Alaskan Native | [ ] Black or African American[ ] Asian | [ ] Hispanic or Latino [ ] Native Hawaiian or Pacific Islander |

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| **Symptoms**  |
| [ ] depressed mood [ ] loss of interest or pleasure [ ] mourning the death of a loved one [ ] elevated, expansive or irritable mood[ ] increase in goal-directed activity or energy [ ] hearing or seeing things that others do not [ ] discomfort in social situations [ ] fear of public transportation, open/closed spaces, lines/crowds, or being outside the home [ ] fear of a specific object or situation (ex. flying) [ ] excessive worry [ ] distress when leaving a particular person [ ] exposure to a traumatic or stressful event (ex. abuse, illness, neglect, accident, disaster, military) [ ] current or recent stressor (ex. job loss) [ ] unwanted thoughts, urges or images [ ] repetitive behaviors or mental acts (ex. counting) [ ] hair-pulling [ ] skin-picking [ ] hoarding possessions  | [ ] panic attacks [ ] eating or weight concerns [ ] difficulty paying attention [ ] hyperactive [ ] impulsive [ ] problems with self-control of emotions or behaviors [ ] behavior that violates the rights of others (ex. destruction of property) [ ] conflict with societal norms or authority figures [ ] history of alcohol use [ ] history of tobacco use [ ] history of caffeine use [ ] history of marijuana use [ ] history of PCP (angel dust), MDMA (ecstasy) or LSD use [ ] history of huffing toxins [ ] history of painkiller or heroin use [ ] history of benzodiazepine or sleeping pill use [ ] history of methamphetamine or cocaine use  | [ ] distrust or suspiciousness of others [ ] detachment from social relationships [ ] restricted range of emotional expression [ ] discomfort in close relationships [ ] eccentric behavior [ ] unstable relationships [ ] unstable self-image [ ] unstable mood [ ] excessively emotional [ ] attention seeking [ ] inflated self-esteem [ ] need for admiration [ ] lack of empathy [ ] socially inhibited [ ] feelings of inadequacy [ ] hypersensitivity to negative evaluation [ ] submissive or clingy[ ] excessive need to be taken care of [ ] preoccupation with order, perfection or control  |

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| *History* |
| **Mental Health (please include purpose, dates and locations)** |
| Diagnosis:  | [ ] no  | [ ] yes:        |
| Therapy:  | [ ] no  | [ ] yes:        |
| Medication:  | [ ] no  | [ ] yes:        |
| Hospitalizations:  | [ ] no | [ ] yes:        |
| Suicide attempt:  | [ ] no | [ ] yes:        |
| Self-harm:  | [ ] no | [ ] yes:        |
| **Physical Health (personal)**  |
| [ ] headaches [ ] concussion [ ] seizures [ ] stroke [ ] hearing impairment [ ] visual impairment  | [ ] asthma[ ] emphysema [ ] sleep apnea [ ] heart condition[ ] high blood pressure [ ] arthritis  | [ ] fractured bone [ ] psoriasis [ ] anemia [ ] blood clots [ ] diabetes [ ] hypothyroid  | [ ] surgery [ ] obesity[ ] cancer[ ] STD[ ] hepatitis [ ] MRSA  | [ ] Lyme’s disease [ ] kidney disease [ ] urinary tract infection[ ] ulcer [ ] gastric bypass [ ] other:       |
| **Family Health (blood relatives)** |
| Medical conditions: [ ] autism[ ] hypertension[ ] Down syndrome[ ] Cerebral Palsy | [ ] seizures[ ] heart condition[ ] obesity[ ] diabetes | [ ] Alzheimer's disease[ ] anemia[ ] birth defects[ ] Crohn's disease | [ ] hemophilia[ ] mental retardation[ ] Huntington's disease[ ] muscular dystrophy | [ ] cancer[ ] osteoporosis[ ] sickle cell anemia[ ] other:       |
| Substance use problems: [ ] alcohol use [ ] tobacco use [ ] caffeine use  | [ ] marijuana use [ ] PCP (angel dust), MDMA (ecstasy) or LSD use [ ] huffing toxins  | [ ] painkiller or heroin use [ ] benzodiazepine or sleeping pill use [ ] methamphetamine or cocaine use  |
| Mental health issues: [ ] depression[ ] OCD | [ ] bipolar/mania[ ] schizophrenia/psychosis | [ ] PTSD[ ] ADHD | [ ] anxiety/panic[ ] anorexia/bulimia  | [ ] ADHD[ ] other:       |
| **Social and Developmental (childhood)**  |
| **[ ]** history of developmental delay[ ] average upbringing[ ] difficult or distressing childhood | [ ] parent-child or sibling conflict[ ] divorce/separation of parents[ ] upbringing away from parents | [ ] high expressed emotion in family[ ] low income[ ] death of loved one | [ ] acculturation difficulty[ ] social exclusion or rejection[ ] perceived discrimination |
| **Legal**  |
| [ ] incarceration [ ] child protective services  | [ ] assault [ ] DUI | [ ] property destruction [ ] stalking  | [ ] drug use [ ] court-order  | [ ] parole or probation [ ] other:       |