/Users/Xochitl/Documents/Work/Lyn-Lake/Photos/Logo.jpg

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: |