

CLIENT INFORMATION FORM
Awareness Counseling
1775 Fourteen Mile Road
Birmingham, MI 48009

Please answer the following questions as completely as possible.

1. Name: _____ Date: _____

2. Address: _____

City: _____

Zip Code: _____

3. Phone: (Home) _____ (Work) _____

Email Address: _____

Referred by: _____

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

6. Place of birth: _____

7. What one word best describes your childhood?

8. Briefly describe your relationship with your mother,

a) While growing up:

b) Now: _____

9. Briefly describe your relationship with your father,

a) While growing up:

b) Now:

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

Name _____ Relationship _____ Age _____ State Lives in...

1.

2.

3.

4.

5.

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

_____ Married

_____ 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

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

12. 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):

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

Name Relationship Age

1.

2.

3.

4.

5.

3

14. 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?

15. Current Occupation/Main Life Activity:

Ultimate job/life fantasy:

16. Describe the quality of your sleep at night:

17. How has your appetite for food been lately?

18. Have your eating patterns or your body weight ever been a concern for you? _____

If so,

Please describe:

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

20. 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:

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

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

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

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

25. 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?

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

_____ Date you last used marijuana? _____

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

Date you last used cocaine? _____

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

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

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

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

32. 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: _____

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

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

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

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

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

38. 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: _____

39. What are your greatest strengths, talents and resources?

40. What are your favorite leisure activities?

41. Any previous therapy? _____ Dates and length of treatment?

Was therapy helpful? _____

Why or why not?

42. What brings you to therapy at this time?

43. What do you hope to get out of therapy?

44. Anything else you would like to add?

Thank you for filling out this form.

Your responses will help me determine the best course of treatment for your situation.

