

Client Information

Full Name _____ Date _____

Address _____
Street City State Zip Code

Telephone _____ Email _____
Cell

Age _____ Birthdate _____ Marital Status M ___ S ___ D ___ Sep _____

Spouse's Name _____ Birthdate _____ Age _____

Describe the quality of your current relationship _____

Occupation _____ If a student: Grade _____ School _____

Employer _____ Emergency Contact _____
Name Phone

List members of your family and all others presently residing in your home.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you become aware of my services? _____

Have you ever received counseling services before?

Outpatient? Yes No Provider and dates _____

Inpatient? Yes No Facility and dates _____

Describe any current/recent medical problems _____

List all current medications you are taking _____

In what way would you like me to assist you? _____

Please rate each of the following concerns as they apply to you at the present time on a scale of 1-5 (1=not a problem, no concern, 5= very strong concern or problem).

Feelings of sadness, being down	1	2	3	4	5
Anxiety	1	2	3	4	5
Sleep problems	1	2	3	4	5
Problems with anger/temper	1	2	3	4	5
Thoughts of suicide	1	2	3	4	5
Problems with eating	1	2	3	4	5
Things too painful to talk about	1	2	3	4	5
Concerns about my sexuality	1	2	3	4	5
Use of alcohol and/or drugs	1	2	3	4	5
Being close to people	1	2	3	4	5
Spiritual concerns	1	2	3	4	5
Pain and/or health concerns	1	2	3	4	5

Are there current or past relationships that are a particular concern for you? Please briefly describe.

What are the most significant stresses that you are currently dealing with?

What do you consider your most important strengths?

Is your spiritual life important to you? Yes _____ No _____

Would you like this area to be a part of your counseling? Yes _____ No _____

Consent for counseling services to children (Only if applicable)

In order for minor children to receive counseling services, it is necessary for the parent or legal guardian to grant permission.

Name of person requesting services _____

Relationship to the child(ren): Parent _____ Stepparent _____ Guardian _____ Other _____

I, _____, consent to Steve Swartz, LISW, providing counseling serves to the

Parent/legal guardian

following child(ren) _____

Signature of parent/legal guardian

Date