



Integrative Psychology Group, LLC

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Client Information Form

Today's date: _____

A. Identification

Your name: _____ Date of birth: _____ Age: _____

B. Your current school or employer

Employer: _____ Address: _____

Work phone: _____ Calls will be discreet, but please indicate any restrictions: _____

Name of school: _____

B. Others living with you:

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

C. Referral: How did you obtain my name, or who gave you my number to call?

How did this person explain how I might be of help to you?

D. Chief concern

Please describe the main difficulty that has brought you to see me: _____

How have you tried managing these problems? _____

Briefly describe your goals for treatment, or counseling? _____

E. Previous Treatment

1. Have you ever received psychological or psychiatric or counseling services or had a psychological evaluation before? (Include any hospitalizations) If so, please indicate:

When?	From whom?	For what?	With what results?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever taken medications for psychiatric or emotional problems? • No • Yes If yes, please indicate:

When?	From whom?	Which medications	For what	With what results?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. Your educational background and training

Dates		Schools	Special Classes?	Did you graduate?
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. Employment and military experiences

Dates		Name of military or employers	Job title or duties	Reason for leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

H. Family-of-origin history

Relative	Name	Current age (or age at death)	Illness (or cause of death, if deceased)	Education	Occupation
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Stepparents	_____	_____	_____	_____	_____

Grandparents _____

Uncles/aunts _____

Brothers _____

Sisters _____

I. Marital/relationship history

Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Is spouse remarried?
First _____	_____	_____	_____	_____
Second _____	_____	_____	_____	_____
Third _____	_____	_____	_____	_____

J. Significant non-marital relationships

Name of person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First _____	_____	_____	_____	_____
Second _____	_____	_____	_____	_____
Third _____	_____	_____	_____	_____

K. Children (Indicate which are from a previous marriage or relationship with the letter P in the last column)

Name	Current age	Sex	School	Grade	Adjustment problems? P?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

E. Abuse history: • I was not abused in any way. • I was abused. If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect you. E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

F. Present relationships

1. How do you get along with your parents, and/or present spouse or partner?

2. How do you get along with your children? _____

H. Legal history

1. Are you presently suing anyone or thinking of suing anyone? • No • Yes If yes, please explain:

2. Is your reason for coming to see me related to an accident or injury? • No • Yes If yes, please explain:

• No • Yes If yes, please explain: _____

I. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper. If you will be participating in an evaluation, please indicate what information you hope the assessment will provide.

Please do not write below this line.

J. Follow-up by clinician

Based on the responses above and on • interview data • records I reviewed • other information I have requested the client to complete and/or I have completed the following forms:

- Chemical use survey
- Suicide risk assessment summary and recommendations
- Mental status evaluation report
- Other: _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

