



# New Client Information Packet

## **PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Title (Mr., Jr., Rev, etc) \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel \_\_\_\_\_ Cell Phone \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Who referred you to our office/how did you hear about us?

\_\_\_\_\_

Who is your Primary Care Physician? \_\_\_\_\_ Phone # \_\_\_\_\_

Name and telephone # of someone to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## **EMPLOYMENT**

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Phone # \_\_\_\_\_

May we contact you at your work # to confirm or cancel appointments? \_\_\_\_\_

## **RESPONSIBLE PARTY/GUARANTOR INFORMATION**

Full Name \_\_\_\_\_ Relation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Tel \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer Telephone # \_\_\_\_\_

## **INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Member ID #: \_\_\_\_\_



**PSYCHOSOCIAL STRESSES** (Please answer in terms of the past year only.)

	YES	NO
Have there been any recent deaths in the family?		
Have there been any recent divorces in the family?		
Have there been any recent marriages in the family?		
Have there been any recent births in the family?		
Have there been any recent conflicts with a spouse, child, parent, or near relative?		
Have there been any recent conflicts with a neighbor or friend?		
Have there been any recent deaths of neighbors or friends?		
Have you recently begun living alone?		
Have you recently retired?		
Have you recently moved your residence?		
Do you have difficulty with routine reading and writing?		
If in school or college, do you have academic problems?		
If in school or college, do you have problems with other students or teachers?		
Are you unemployed?		
Do you feel your job security is threatened?		
Do you feel your job is too stressful?		
Do you find yourself in arguments or in general discord with your supervisor or co-workers?		
Are you dissatisfied with your job or profession?		
Is your housing inadequate for you and your family?		
Is your neighborhood unsafe?		
Have you had difficulties with your neighbors or landlord?		
Do you feel your or your family's income is insufficient?		
Do you feel you have inadequate access to health care services?		
Do you feel your health insurance is inadequate?		
Do you have a recent history of arrest or incarceration?		
Are you currently or have you been recently involved in litigation regarding a civil suit, worker's compensation suit, or criminal defense?		
Have you recently been a victim of a crime?		
Have you recently been a victim of a fire, flood, tornado, hurricane, or other natural disaster?		
Have you recently been the victim of a war, riot, assault, or other event involving physical hostilities?		
Have you recently had to cope with a serious medical illness or with persistent pain?		



Have you been a primary caretaker for a family member or friend with a serious medical illness or persistent pain?		
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**PSYCHOLOGICAL SYMPTOMS**

	YES	NO
Have you ever heard voices repeatedly when no one was around you?		
Have you ever felt that others were plotting against you?		
Have you ever felt that you were being monitored or were under surveillance?		
Have you ever felt that you had special powers not experienced by others?		
Have you ever felt that your thoughts were being broadcast aloud?		
Have you ever felt that someone or something could read your mind?		
Have you ever felt that someone or something could control your behavior beyond your control?		
Have you ever experienced episodes of prolonged feelings of sadness, depression, or "the blues" for no reason at all?		
Have you ever experienced episodes of a prolonged sense of well-being, "natural high" or euphoria for no reason at all?		
Have you ever experienced prolonged times of feeling tense, anxious, nervous, on edge, worried, or apprehensive for no logical reason?		
Have you ever experienced the sudden onset of extreme anxiety or panic often with shortness of breath or heart pounding for no logical reason?		
Have you ever had any irrational fears, such as for heights, closed spaces, flying, driving, or public speaking that altered your lifestyle considerably?		
Have you ever been troubled by irrational or seemingly silly thoughts that are intrusive and seem beyond your control, and have themes such as counting, repeating certain words or phrases, fear of contamination or being infected, fear of harming a loved one, fear of embarrassing oneself, or excessive need for sameness and exactness?		
Have you ever felt compelled to follow certain hygiene rituals, to touch objects in a certain way, to check locks or appliances repeatedly, to check repeatedly to make certain no one has been hurt or killed, to hoard items and refuse to throw them away appropriately, or to ritualistically repeat certain behaviors over & over?		



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Have you ever been exposed to a traumatic event in which you either experienced or witnessed the threat of death or serious injury and you persistently re-experienced the event with recurrent recollections, daydreams, or nightmares?		
Have you ever experienced chronic prolonged pain unrelieved by usual over-the-counter pain medications?		

### **DRUG AND ALCOHOL**

	YES	NO
Have you ever felt you needed to, or have you attempted to, cut down on your drinking?		
Have you ever felt annoyed by others questioning you about your drinking?		
Have you ever felt guilty about your drinking?		
Have you ever felt the need for an eye-opening drink in the morning?		
Have you ever been accused of abusing street drugs or prescription drugs by family, friends, or physicians?		
Were you the victim of sexual abuse as an adolescent or child?		
Were you the victim of physical or verbal abuses by your parents or parental figures?		
Were you ever the victim of physical abuse or beatings from a spouse or significant other?		

### **PSYCHIATRIC AND MEDICAL HISTORY**

Have you ever attempted suicide? YES/NO

If so, when: \_\_\_\_\_

If so, how: \_\_\_\_\_

Have you ever been admitted to a psychiatric hospital or facility? YES/NO

If yes, when and where: \_\_\_\_\_

\_\_\_\_\_

Have you ever been admitted to an alcohol or drug treatment program, inpatient or outpatient? YES/NO

If yes, when and where: \_\_\_\_\_



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Have you ever received outpatient psychiatric treatment or counseling? YES/NO

If yes, when and where: \_\_\_\_\_

\_\_\_\_\_

Have you ever attended AA, NA, CA, or OA? YES/NO

If yes, when: \_\_\_\_\_

Do you have any chronic medical illnesses? YES/NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? YES/NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke cigarettes? YES/NO

If yes, how many per day? \_\_\_\_\_

Do you drink alcoholic beverages? YES/NO

If yes, how much, how frequently? \_\_\_\_\_

Do you use any form of illegal/street drugs or drugs not prescribed to you? YES/NO

If yes, what type, how much, how frequently? \_\_\_\_\_

\_\_\_\_\_

Overall, how would you rate your physical health? Excellent / Very Good / Good / Fair / Poor.

### **FAMILY MEDICAL/PSYCHIATIC HISTORY**

Have you had blood relatives treated by a psychiatrist, psychologist, or a counselor? YES/NO

Have you had blood relatives hospitalized for psychiatric illness? YES/NO

Have you had blood relatives who you felt had a significant psychiatric illness but YES/NO



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never received any formal treatment?

Have you had blood relatives treated for alcohol or drug abuse? YES/NO

Have you had blood relatives who you felt were alcohol or drug abusers but who YES/NO

never received any formal treatment?

Is there a history among blood relatives of any recurrent physical illnesses? YES/NO

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### SOCIAL HISTORY

Did you finish high school? YES/NO

Highest level of education? High school/ Some college / Bachelor / Graduate / PhD / MD

Are you employed? YES/NO

If yes:

(a) as what: \_\_\_\_\_

(b) where: \_\_\_\_\_

(c) for how long: \_\_\_\_\_

If married, is your spouse employed? YES/NO

Have you ever been married? YES/NO

Do you have children? YES/NO

If yes, how many? \_\_\_\_\_

If yes, age and sex \_\_\_\_\_

Are you religious/spiritual? YES/NO

If yes, what denominational preference? \_\_\_\_\_

Have you ever been arrested or convicted of a crime? YES/NO

Were you ever in the military? YES/NO

If yes, branch, rank, and years served \_\_\_\_\_