COMMUNITY INSTITUTE FOR PSYCHOTHERAPY

**CLIENT INFORMATION — INITIAL**

**This section to be filled out by THERAPIST:**

**Client # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Intern Therapist/Licensed Therapist **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source**

[ ]  a. Another Client [ ]  k. Media or Event

[ ]  b. Another Person/Friend [ ]  l. MSPC

[ ]  c. Brochure [ ]  m. Other Agency

[ ]  d. Catholic Charities [ ]  n. Pacific Sun

[ ]  e. Doctor/ Kaiser [ ]  o. Phone Book

[ ]  f. Family Service Agency [ ]  p. Probation Dept

[ ]  g. Homeward Bound [ ]  q. Psychotherapist

[ ]  h. Internet [ ]  r. Schools Project

[ ]  i. MAWS [ ]  s. Yellow Pages/other advertising

[ ]  j. Marin IJ

Name of referral source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Category**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED OUT BY CLIENT**

**Please fill out one form for each individual seen in individual, couples, or family therapy:**

**Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle Initial

**Name you use**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

**Residence**

[ ]  a. Central Marin/San Rafael [ ]  e. East Bay

[ ]  b. North Marin County [ ]  f. San Francisco

[ ]  c. South Marin County [ ]  g. Sonoma County

[ ]  d. West Marin County [ ]  h. Unknown or Other

**Phone:** Home Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Relation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medi-Cal or Beacon Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **m d y**

**Gender** [ ]  Male [ ]  Female [ ]  FTM [ ]  MTF [ ]  Queer [ ]  Non Binary [ ]  Trans [ ]  Genderfluid

 [ ]  Unspecified [ ]  Other

**Sexual Orientation** [ ]  Lesbian [ ]  Gay [ ]  Bisexual [ ]  Heterosexual [ ]  Queer [ ]  Questioning [ ]  Unspecified

 [ ]  Other

**Pronouns you use** [ ]  she/her/hers [ ]  he/him/his [ ]  they/them/theirs [ ]  other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan**

[ ]  a. Medi-Cal # \_\_\_\_\_\_\_ [ ]  d. Blue Cross

[ ]  b. Beacon [ ]  e. No Charge

[ ]  c. Victim’s Witness [ ]  g. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

[ ]  a. Preschool/elementary school [ ]  f. Bachelor’s Degree

[ ]  b. Middle School [ ]  g. Some Graduate School

[ ]  c. Some High School [ ]  h. Master’s Degree

[ ]  d. Finished High School [ ]  i. Doctorate

[ ]  e. Some College [ ]  j. Trade School

**Occupation**

[ ]  a. Artist [ ]  i. Mechanical

[ ]  b. Civil service [ ]  j. Professional

[ ]  c. Clerical [ ]  k. Retail sales

[ ]  d. Construction [ ]  l. Sales

[ ]  e. Education [ ]  m. Social services

[ ]  f. Homemaker [ ]  n. Student

[ ]  g. Industry [ ]  o. Transportation

[ ]  h. Management [ ]  p. Other

Description of occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Status**

[ ]  a. Employed full time [ ]  d. Not in job market

[ ]  b. Employed part time [ ]  e. Student

[ ]  c. Unemployed

**Gross Monthly Income**

[ ]  a. $4,200 And Up [ ]  g. $2,400 - $2,699

[ ]  b. $3,900 - $4,199 [ ]  h. $2,100 - $2,399

[ ]  c. $3,600 - $3,899 [ ]  i. $1,800 - $2,099

[ ]  d. $3,300 - $3,599 [ ]  j. $1,500 - $1,799

[ ]  e. $3,000 - $3,299 [ ]  k. $1,200 - $1,499

[ ]  f. $2,700 - $2,999 [ ]  l. $0 - $1,199

**Marital Status (list one only)**

[ ]  a. Never Married [ ]  d. Separated

[ ]  b. Now Married [ ]  e. Divorced

[ ]  c. Domestic Partner [ ]  f. Widowed

**Ethnicity**

[ ]  a. Asian/Pacific Islander [ ]  e. Latinx

[ ]  b. Bi-racial/Multi-racial [ ]  f. Native American

[ ]  c. African American/Black [ ]  g. Unknown

[ ]  d. Caucasian [ ]  h. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual/Religious Orientation**

[ ]  a. Muslim [ ]  i. Taoist

[ ]  b. Jewish [ ]  j. Sikh

[ ]  c. Buddhist [ ]  k. Agnostic

[ ]  d. Christian [ ]  l. Spiritual but not religious

[ ]  e. Hindu [ ]  m. Atheist

[ ]  f. Pagan [ ]  n. Unknown

[ ]  g. Shamanism

[ ]  h. Jain

**PSYCHOLOGICAL/PSYCHIATRIC HISTORY**

**Suicidal Assessment**

 **Self: Current Family: Current:**

[ ]  a. None [ ]  a. None

[ ]  b. Current ideation [ ]  b. Current ideation

/thoughts \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /thoughts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  c. Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  c. Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self: Past Family: Past**

[ ]  a. none \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  a. None \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  b. Past ideation \_\_\_\_\_\_\_\_\_\_ [ ]  b. Past ideation \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  c. Past attempts \_\_\_\_\_\_\_\_\_\_ [ ]  c. Past attempts \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  d. Past threats \_\_\_\_\_\_\_\_\_\_\_\_ [ ]  d. Past threats \_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Therapy (Number of different therapies) \_\_\_\_\_\_\_\_\_\_ Psychiatric Hospital Stays (Number)\_\_\_\_\_\_\_\_**

**Chemical Dependence In-Patient Stays (Number) \_\_\_\_\_\_\_\_\_\_**

**History of Psychotropic Medications Currently Using Psychotropic Medications**

[ ]  a. yes [ ]  b. no [ ]  a. yes [ ]  b. no

**Name of Drugs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency of Contact** (To be filled out by therapist) **\_\_\_\_\_\_\_\_\_\_** (Number of sessions weekly)

**Service Unit**

[ ]  a. Individual counseling [ ]  c. Family counseling

[ ]  b. Couple counseling [ ]  d. Group Therapy

**Chronic Physical Disease? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chronic Physical Disabilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check as many CONDITIONS as you feel apply to you. (Please number top five.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CONDITIONS** |  |  |
| [ ]  | Alzheimer’s | [ ]  | Mental/Developmentally Disabled |
| [ ]  | Anxiety | [ ]  | Parental Stress  |
| [ ]  | Attention Deficit/Hyperactivity Issues  | [ ]  | Person W/ AIDS |
| [ ]  | Borderline Personality | [ ]  | Personality Disorder |
| [ ]  | Chem Dependency - Alcohol | [ ]  | Physically Abused |
| [ ]  | Chem Dependency - Drugs | [ ]  | Psychologically Abused |
| [ ]  | Chronic Pain | [ ]   | Psychosis |
| [ ]  | Chronic Medical Condition | [ ]  | Post Traumatic Stress Disorder |
| [ ]  | Co-Dependency | [ ]  | Runaway Youth |
| [ ]  | Delinquency / Criminality | [ ]  | Sexually Abused |
| [ ]  | Depression | [ ]  | Social Isolation |
| [ ]  | Disabled | [ ]  | Separation Anxiety |
| [ ]  | Eating Disorders | [ ]  | Sexual Identity Issues |
| [ ]  | Enuresis (Bedwetting) | [ ]  | Sexual Frustration |
| [ ]  | Ex‑Offender | [ ]  | Social Difficulties |
| [ ]  | Gender Identity Issues | [ ]  | Stroke |
| [ ]  | Grief / Loss | [ ]   | Suicide Ideations |
| [ ]  | Health / Medical Problems | [ ]   | Suicide Attempts |
| [ ]  | HIV Positive Person | [ ]  | Trichotillomania (pulling, twisting, biting hair) |
| [ ]  | Identity Crisis | [ ]  | Temper Tantrums |
| [ ]  | Independence Issues | [ ]  | Victim Of Natural Disaster |
| [ ]  | Irrational Fears | [ ]  | Work Related Stress |
| [ ]  | Memory Loss |  |  |

**Please check as many ISSUES as you feel apply to you. (Please number top five.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ISSUES** |  |  |
| [ ]   | Abandonment | [ ]  | Homeless |
| [ ]   | Abortion Issues | [ ]  | Illiterate |
| [ ]   | Adult Child Of Alcoholic | [ ]  | Immigrant / Refugee |
| [ ]   | Aging | [ ]  | Incarceration |
| [ ]  | Court Ordered | [ ]  | Pregnant/Parenting Teen |
| [ ]   | Crisis Management | [ ]   | Rape |
| [ ]   | Cultural Adjustment | [ ]   | Relationship / Interpersonal |
| [ ]   | Custody Dispute | [ ]  | Separation/Divorce |
| [ ]   | Divorce / Separation | [ ]  | Single Parent |
| [ ]   | Domestic Violence | [ ]  | Spiritual Issues |
| [ ]   | Employment | [ ]   | Step Family Issues |
| [ ]  | Ethnic/Racial Discrimination | [ ]  | Unemployed |
| [ ]  | Family Crisis | [ ]  | Unstable Employment |
| [ ]  | Financial Stress | [ ]  | Veteran |
| [ ]  | Foster Care | [ ]   | Violence |
| [ ]  | Housing Crisis |  |  |