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 |  |  |