

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

- Referral source options: a. Another Client, b. Another Person/Friend, c. Brochure, d. Catholic Charities, e. Doctor/ Kaiser, f. Family Service Agency, g. Homeward Bound, h. Internet, i. MAWS, j. Marin IJ, k. Media or Event, l. MSPC, m. Other Agency, n. Pacific Sun, o. Phone Book, p. Probation Dept, q. Psychotherapist, r. Schools Project, s. Yellow Pages/other advertising

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

- Residence options: a. Central Marin/San Rafael, b. North Marin County, c. South Marin County, d. West Marin County, e. East Bay, f. San Francisco, g. Sonoma 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

- | | | | |
|--------------------------|---------------------|--------------------------|-----------------|
| <input type="checkbox"/> | a. Medi-Cal # _____ | <input type="checkbox"/> | d. Blue Cross |
| <input type="checkbox"/> | b. Beacon | <input type="checkbox"/> | e. No Charge |
| <input type="checkbox"/> | c. Victim's Witness | <input type="checkbox"/> | g. Other: _____ |

Education

- | | | | |
|--------------------------|--------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | a. Preschool/elementary school | <input type="checkbox"/> | f. Bachelor's Degree |
| <input type="checkbox"/> | b. Middle School | <input type="checkbox"/> | g. Some Graduate School |
| <input type="checkbox"/> | c. Some High School | <input type="checkbox"/> | h. Master's Degree |
| <input type="checkbox"/> | d. Finished High School | <input type="checkbox"/> | i. Doctorate |
| <input type="checkbox"/> | e. Some College | <input type="checkbox"/> | j. Trade School |

Occupation

- | | | | |
|--------------------------|------------------|--------------------------|--------------------|
| <input type="checkbox"/> | a. Artist | <input type="checkbox"/> | i. Mechanical |
| <input type="checkbox"/> | b. Civil service | <input type="checkbox"/> | j. Professional |
| <input type="checkbox"/> | c. Clerical | <input type="checkbox"/> | k. Retail sales |
| <input type="checkbox"/> | d. Construction | <input type="checkbox"/> | l. Sales |
| <input type="checkbox"/> | e. Education | <input type="checkbox"/> | m. Social services |
| <input type="checkbox"/> | f. Homemaker | <input type="checkbox"/> | n. Student |
| <input type="checkbox"/> | g. Industry | <input type="checkbox"/> | o. Transportation |
| <input type="checkbox"/> | h. Management | <input type="checkbox"/> | p. Other |

Description of occupation: _____

Work Status

- | | | | |
|--------------------------|-----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | a. Employed full time | <input type="checkbox"/> | d. Not in job market |
| <input type="checkbox"/> | b. Employed part time | <input type="checkbox"/> | e. Student |
| <input type="checkbox"/> | c. Unemployed | | |

Gross Monthly Income

- | | | | |
|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | a. \$4,200 And Up | <input type="checkbox"/> | g. \$2,400 - \$2,699 |
| <input type="checkbox"/> | b. \$3,900 - \$4,199 | <input type="checkbox"/> | h. \$2,100 - \$2,399 |
| <input type="checkbox"/> | c. \$3,600 - \$3,899 | <input type="checkbox"/> | i. \$1,800 - \$2,099 |
| <input type="checkbox"/> | d. \$3,300 - \$3,599 | <input type="checkbox"/> | j. \$1,500 - \$1,799 |
| <input type="checkbox"/> | e. \$3,000 - \$3,299 | <input type="checkbox"/> | k. \$1,200 - \$1,499 |
| <input type="checkbox"/> | f. \$2,700 - \$2,999 | <input type="checkbox"/> | l. \$0 - \$1,199 |

Marital Status (list one only)

- | | | | |
|--------------------------|---------------------|--------------------------|--------------|
| <input type="checkbox"/> | a. Never Married | <input type="checkbox"/> | d. Separated |
| <input type="checkbox"/> | b. Now Married | <input type="checkbox"/> | e. Divorced |
| <input type="checkbox"/> | c. Domestic Partner | <input type="checkbox"/> | f. Widowed |

Ethnicity

- | | | | |
|--------------------------|---------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | a. Asian/Pacific Islander | <input type="checkbox"/> | e. Latinx |
| <input type="checkbox"/> | b. Bi-racial/Multi-racial | <input type="checkbox"/> | f. Native American |
| <input type="checkbox"/> | c. African American/Black | <input type="checkbox"/> | g. Unknown |
| <input type="checkbox"/> | d. Caucasian | <input type="checkbox"/> | h. Other _____ |

Spiritual/Religious Orientation

- | | | | |
|--------------------------|--------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | a. Muslim | <input type="checkbox"/> | i. Taoist |
| <input type="checkbox"/> | b. Jewish | <input type="checkbox"/> | j. Sikh |
| <input type="checkbox"/> | c. Buddhist | <input type="checkbox"/> | k. Agnostic |
| <input type="checkbox"/> | d. Christian | <input type="checkbox"/> | l. Spiritual but not religious |
| <input type="checkbox"/> | e. Hindu | <input type="checkbox"/> | m. Atheist |
| <input type="checkbox"/> | f. Pagan | <input type="checkbox"/> | n. Unknown |
| <input type="checkbox"/> | g. Shamanism | | |
| <input type="checkbox"/> | h. Jain | | |

PSYCHOLOGICAL/PSYCHIATRIC HISTORY

Suicidal Assessment

Self: Current

- a. None

Family: Current:

- a. None

- b. Current ideation /thoughts _____
- c. Plan _____

- b. Current ideation /thoughts _____
- c. Plan _____

Self: Past

- a. none _____
- b. Past ideation _____
- c. Past attempts _____
- d. Past threats _____

Family: Past

- a. None _____
- b. Past ideation _____
- c. Past attempts _____
- d. Past threats _____

Previous Therapy (Number of different therapies) _____ Psychiatric Hospital Stays (Number) _____

Chemical Dependence In-Patient Stays (Number) _____

History of Psychotropic Medications

- a. yes
- b. no

Currently Using Psychotropic Medications

- 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
- b. Couple counseling
- c. Family 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

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

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

ISSUES

- Abandonment
- Abortion Issues
- Homeless
- Illiterate

- Adult Child Of Alcoholic
- Aging
- Court Ordered
- Crisis Management
- Cultural Adjustment
- Custody Dispute
- Divorce / Separation
- Domestic Violence
- Employment
- Ethnic/Racial Discrimination
- Family Crisis
- Financial Stress
- Foster Care
- Housing Crisis

- Immigrant / Refugee
- Incarceration
- Pregnant/Parenting Teen
- Rape
- Relationship / Interpersonal
- Separation/Divorce
- Single Parent
- Spiritual Issues
- Step Family Issues
- Unemployed
- Unstable Employment
- Veteran
- Violence