



# EAST AURORA PSYCHOLOGICAL SERVICES

## CLIENT HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

In your own words, state the reason you are here today: \_\_\_\_\_

\_\_\_\_\_

What outcome(s) are you hoping will result from your visit(s)? \_\_\_\_\_

\_\_\_\_\_

What do you believe is the cause of current difficulty? \_\_\_\_\_

When did difficulty begin? \_\_\_\_\_

Before today, what have you tried to resolve difficulty? \_\_\_\_\_

\_\_\_\_\_

**Circle all that apply:** Within the past month, I have been troubled by:

Feeling overwhelmed

Decreased sleep

Increased sleep

Parenting difficulties

Relationship difficulties

Work-related difficulties

Lack of self-confidence

Medical problems

Chronic pain

Decreased appetite

Increased appetite

Sad mood

Lack of motivation

Financial problems

Grief

Nightmares

Lack of joy in life

Unable to say "no"

Excessive worry

Thoughts about death

Tearfulness

"All cried out"

Anger

Fatigue

Anxiety

Panic

"Depression"

Poor memory

Agitation

Irritability

Increased energy

Bizarre events

Alcohol/drug use

In my life, I most fear: \_\_\_\_\_

In my free time, I enjoy: \_\_\_\_\_

People I enjoy spending time with: \_\_\_\_\_

My life is worth living because of: \_\_\_\_\_

## Educational History:

Schools attended: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Any difficulties? \_\_\_\_\_

**Employment History:**

Current position: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Full or Part time: \_\_\_\_\_  
Enjoy current position? \_\_\_\_\_ Length of employment: \_\_\_\_\_  
Problems at work with: \_\_\_\_\_co-workers \_\_\_\_\_boss \_\_\_\_\_tardiness \_\_\_\_\_attendance \_\_\_\_\_attitude

**Medical History:**

List any physical conditions for which you are currently under a doctor's care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all current medications that you take, including prescription and over-the-counter: \_\_\_\_\_  
\_\_\_\_\_

**Mental Health Treatment History:**

List any past counseling or psychological/psychiatric treatment, including name of provider, dates, and reason for receiving treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently see a psychiatrist? \_\_\_\_\_

List any current medications for depression or anxiety and who prescribes them: \_\_\_\_\_  
\_\_\_\_\_

List any psychiatric hospitalizations: \_\_\_\_\_  
\_\_\_\_\_

List any family history of psychiatric illness: \_\_\_\_\_

**Legal problems:**

List any difficulties with the law (including arrests, sentences, punishment, charges pending): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the victim of a crime or any kind of abuse? (including domestic violence, physical, or sexual abuse) \_\_\_\_\_yes \_\_\_\_\_no

**Chemical Dependency:**

Type of drug used	Frequency of use	Amount used	Age at first use
Ex. Alcohol	3 times/week	6 beers	15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you believe you have ever abused or been dependent upon any of these substances (explain): \_\_\_\_\_

\_\_\_\_\_

Past drug/ alcohol rehab (in or out-patient): \_\_\_\_\_

Do you use caffeine? \_\_\_\_\_ Amount per day: \_\_\_\_\_

Cigarettes? Number per day: \_\_\_\_\_

Does anyone in your family suffer from alcoholism or drug dependence (specify relation): \_\_\_\_\_

\_\_\_\_\_

Does your use of drugs or alcohol impact the reason you are here today? \_\_\_\_\_

**Lethality:**

Do you currently have thoughts of wanting to harm or kill yourself? \_\_\_\_\_yes \_\_\_\_\_no

Have you every harmed yourself intentionally in the past? \_\_\_\_\_yes \_\_\_\_\_no

If yes, specify harm: \_\_\_\_\_

If yes, specify treatment received: \_\_\_\_\_

Has anyone in your family ever completed suicide? \_\_\_\_\_yes \_\_\_\_\_no; please specify: \_\_\_\_\_

Do you currently have ideas and/or plans to harm anyone else? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Social Relationships:**

With whom do you currently live? \_\_\_\_\_

List marital history, including length(s) of marriage(s) and reason(s) for divorce(s): \_\_\_\_\_

\_\_\_\_\_

Current marital status: \_\_\_\_\_ Does religion play an important part in your life? \_\_\_\_\_

Children & ages (star those who live with you): \_\_\_\_\_

List any community or social organizations/clubs in which you participate: \_\_\_\_\_

\_\_\_\_\_