

Client Information Packet

Please complete all 6 pages (front and back). When you are finished, let me know that you are ready and we will begin our session.

Today's date: _____

Note: If you have been a patient here before, please fill in only the information that has changed.

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ E-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

B. Insurance Subscriber Information

Name: _____ Date of birth: _____

Insurance ID#: _____ Group#: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ Employer: _____

C. Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you?

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D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

E. Your current employer

Employer: _____ Address: _____

Work phone: _____ Calls will be discreet, but please indicate any

restrictions: _____

F. Chief concern

Please describe the main difficulty that has brought you to see me:

G. Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No Yes If yes, please indicate:

When? _____

From whom? _____

For what? _____

With what results? _____

2. Have you ever taken medications for psychiatric or emotional problems? No Yes

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If yes, please indicate:

When? _____

From whom? _____

Which medications? _____

For what? _____

With what results? _____

H. Relationships in your family of origin. Please describe the following:

1. Your parents' relationship with each other: _____

2. Your relationship with each parent and with other adults present: _____

3. Your parents' physical health problems, drug or alcohol use, and mental or emotional difficulties:

4. Your relationship with your brothers and sisters, in the past and present: _____

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I. Abuse history: I was not abused in any way. I was abused.

If you were abused, please indicate the following. For kind of abuse, use these letters:
P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling,
or intercourse. N = Neglect, such as failure to feed, shelter, or protect. E = Emotional, such as
humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?

Whom did you tell?	Consequences of telling?

J. Present relationships

I. How do you get along with your present spouse or partner?

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2. How do you get along with your children?

3. Your important friends, past and present:

Names	Good parts of relationship	Bad parts of relationship

K. Chemical use

1. Have you ever felt the need to cut down on your drinking? No Yes
2. Have you ever felt annoyed by criticism of your drinking? No Yes
3. Have you ever felt guilty about your drinking? No Yes
4. Have you ever taken a morning "eye-opener"? No Yes
5. How much beer, wine, or hard liquor do you consume each week, on the average? _____
6. Are there times when you drink to unconsciousness, or run out of money as a result of drinking?

7. How much tobacco do you smoke or chew each week? _____
8. Have you ever used inhalants ("huffing") such as glue, gasoline, or paint thinner? No Yes
If yes, which and when? _____

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9. Which drugs (not medications prescribed for you) have you used in the last 10 years?

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, and so forth:

L. Legal history

1. Are you presently suing anyone or thinking of suing anyone? No Yes If yes, please explain:

2. Is your reason for coming to see me related to an accident or injury? No Yes If yes, please explain:

3. Are you required by a court, the police, or a probation/parole officer to have this appointment? No Yes If yes, please explain:

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Include dates, charges, jurisdiction (F = federal, S = state, Co = county, Ci = city), type of sentence you served or have to serve (AR = accelerated or alternate resolution, CS = community service, F = fine, I = incarceration, Pr = probation, Po = parole, O = other, R = restitution), and probation/parole information.

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6. Are there any other legal involvements I should know about?

M. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here or on another sheet of paper: