



B R A I N @ W O R K

Client Information Form

Your cooperation in completing this questionnaire will be helpful in planning services for you. Please answer each item carefully and ask questions if something is not clear. The information provided on this questionnaire is confidential and will not be released without your permission.

Client Name (yourself or your child) _____

Address _____ City _____ Zip _____

Home Phone _____ OK to leave messages? Yes No

Work Phone _____ OK to leave messages? Yes No

Cell/Other # _____ OK to leave messages? Yes No

Date of Birth _____ Age _____

Relationship Status _____

Employment/Occupation (self or parent(s)) _____

<u>Name of Family Members</u>	<u>Age</u>	<u>DOB</u>	<u>Relationship to Client</u>
-------------------------------	------------	------------	-------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician _____ Approximate Date of Last Visit _____

Current Medications/Dosages _____

Significant Medical Conditions _____

Have you/your child previously received any psychiatric, psychological, and/or counseling help? Yes No

If yes, please describe briefly _____



B R A I N @ W O R K

Significant family events (i.e., deaths, moves, divorce, etc.) _____

Briefly describe your reason for seeking help _____

Who suggested you contact me? _____ May I thank them for the referral? Yes No

Please circle any of the following concerns you, your child, or your family may be experiencing:

Nervousness	Toileting	Suicidal Thoughts
Shyness	Depression	Finances
Separation/Divorce	Sexual Problems	Unhappiness
Drug Use	Alcohol	Work
Anger	Self Control	Tiredness
Sleep	Stress	Ambition
Relaxation	Headaches	Decision Making
Legal Matters	Memory	Concentration
Energy	Insomnia	Health Problems
Loneliness	Feeling Inferior	Marriage
Education/School	Nightmares	Death of Loved One
Behavioral Problems	Appetite/Eating	Marital Problems
Temper	Parenting	Stomach Trouble
Children	Fears	Thoughts
Other _____		

Please add any additional information that you feel may be helpful to me _____

Thank you for completing this questionnaire!