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Client Demographic Information Form

Today's date: ___________________

Note: If you have been a patient here before, please check here ❑.
Write N/A for any questions not pertaining to you or the person you are completing this form for. Thank you.

A. Identification

Client's name:____ Date of birth: ________________ Age: ______
First Middle Initial Last *00/00/0000*

S.S # ___________________ Nicknames or aliases: _____________________ County: ____________________

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. 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? ____

____

C. Religious and racial/ethnic identification

Current religious denomination/affiliation ❑ Protestant ❑ Catholic ❑ Jewish
❑ Islamic ❑ Buddhist ❑ Hindu
Other (specify): ____

Involvement: ❑ None ❑ Some/irregular ❑ Active

How important are spiritual concerns in your life? ____

Which (if any) church, synagogue, temple, or meeting are you involved with? ________________________

Ethnicity/national origin: _________________________________ Race: ____________________________ or
other similar way you identify yourself and consider important: _______________________________________

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. Current Medical Conditions:

❑ Asthma/COPD ❑ Cancer ❑ Cardiovascular Problem ❑ Chronic Pain
❑ Dementia ❑ Diabetes ❑ Obesity
❑ Other ____________________________________ ❑ None

(cont.)

F. Allergies (Medical or Other):______________________________

____

____

G. Your current employer

Employer: ______________________ Address: ______________________

Work phone: (____)______________ or other means of communication ______________

Calls will be discreet, but please indicate any restrictions: ______________________

H. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: ______________________ Phone: (____)__________ Relationship: ________

Address: ______________________________

Significant other/nearest friend or relative not residing with you: ______________________

I. Your education and training

Dates		Schools	Special classes?	Adjustment to School	Did you graduate?
From	To				

J. Employment and military experiences *(if you need more space, continue on the back of this form)*

Dates		Name of employers	Job title or duties	Reason for leaving
From	To			

K. Family-of-origin history *(if you need more space, continue on the back of this form)*

Relative Name	Current age (or age at death)	Illnesses (or cause of death, if deceased	Education	Occupation
Father				
Mother				
Brothers				
Sisters				
Stepparents				
Grandparents				
Uncles/aunts				
Others				

L. Marital/relationship history *(if you need more space, continue on the back of this form)*

	Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Has spouse remarried?
First					
Second					
Third					

(cont.)

M. Significant non-marital relationships

	Name of other person	Person's age	Your age	Your age	Reasons for ending
Second					
Third					
Current					

N. Children Indicate those from a previous marriage or relationship with "P" in the last column.

Name	Current age	Sex	School	Grade	Adjustment problems?	P?

O. Is there any other information you think we should know?

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.