

Client History

Client Name: _____ Date: _____

Allergies: _____

Primary Doctor: _____

Current Medications: _____

Presenting Problem and What Brought You Into Treatment: _____

Risk Taking Behaviors: _____

Birth and Development:

Full term birth? ____ Yes ____ No

Birth Weight: _____ lbs _____ oz.

Complications during pregnancy or delivery: _____

Any alcohol or drug use during pregnancy: _____

Smoking during pregnancy: ____ Yes ____ No

Postpartum depression ____ Yes ____ No; If yes, treated? ____ Yes ____ No

Client experienced the following under 2 years of age:

- Cuddled easily: ____ Yes ____ No
- Did not like being held: ____ Yes ____ No
- Colicky: ____ Yes ____ No
- Easy baby: ____ Yes ____ No
- Difficult baby: ____ Yes ____ No
- Easily soothed: ____ Yes ____ No
- Temper tantrums: ____ Yes ____ No
- Sleeping problems: ____ Yes ____ No
- Eating Problems: ____ Yes ____ No
- Walked on time: ____ Yes ____ No? If no: ____ Early ____ Late
- Talked on time: ____ Yes ____ No? If no: ____ Early ____ Late
- Attached to parent: ____ Yes ____ No

Medical History:

Current medical issues: _____

Family medical issues: _____

Surgeries and/or hospitalizations (for what, where, when): _____

Any current or past vision _____, speech _____, or hearing _____ issues? If yes, please describe: _____

Any assistive technology needed for treatment? _____ Yes _____ No; If yes, what? _____

Gender Identity: _____
Sexuality: _____

Psychiatric History:

Can client complete age-appropriate self-care? (please describe) _____

Any physical or mental barriers that may impact treatment: _____

Previous mental health providers (who and when): _____

Previous medications tried (and how did it work?): _____

Hospitalizations for mental health issues (where and when): _____

If you are 18 years or older, do you have an Advance Directive for mental health? _____ Yes _____ No

Lifestyle History:

Alcohol use: _____ Yes _____ No
Smoking tobacco: _____ Yes _____ No
Around smoke: _____ Yes _____ No

Former smoker: ____ Yes ____ No; If yes, for how long: _____

Illegal drug use: ____ Yes ____ No

Diet: number of meals per day: _____

Snacks (frequency and kind): _____

Exercise: ____ Yes ____ No; If yes, how often and what kind: _____

Social History:

Please list who client lives with (name, age, and relationship to client):

Mother: Name: _____

Age: _____

Education: _____

Employment: _____

Relationship with client: _____

Do they live with client? _____

Father: Name: _____

Age: _____

Education: _____

Employment: _____

Relationship with client: _____

Do they live with client? _____

If client is a child, who has legal and physical custody? _____

If client is a child, who disciplines and how? _____

Has the client witnessed or experienced abuse: ____ Yes ____ No

If yes, what was the abuse: _____

Was it reported: ____ Yes ____ No

Significant life events for the client: _____

Does the client have friends: ____ None ____ A few ____ A lot

Interests and hobbies: _____

Church and/or community activities: _____

Is the client currently employed: ____ Yes ____ No;

Please list current and past jobs, including where, for how long, and what the job was: _____

Drug and Alcohol History:

Alcohol use: _____ Currently use _____ Past use _____ No use

If yes, how much and how often: _____

Age first used: _____

Drug Use: _____ Currently use _____ Past use _____ No use

If yes, how much and how often: _____

Age first used: _____

Tobacco Use: _____ Current smoker _____ Past smoker _____ Never smoker

If yes, how much and how often: _____

Age first used: _____

School and Education History:

Highest level of school completed: _____

If currently in school, please list name and grade: _____

Teacher name: _____

Class type: _____

Grades in school: _____

College past or present: _____

Any learning disabilities: _____

IEP or 504 plan: _____

Any positive school experiences: _____

Avoid or skip school: _____ Yes _____ No

Suspension or expulsions: _____ Yes _____ No; If yes, why: _____

Legal Issues and History:

Police involvement: _____ Yes _____ No; If yes, what charges or issues: _____

Juvenile Services involvement: _____ Yes _____ No; If yes, what involvement: _____

What changes would you like to see? _____

What do you see as your strengths? _____

What are you good at doing? _____

What needs do you have? _____

What preferences do you have for treatment? _____