Austin Counseling Specialists, LLC

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The therapy and counseling work we do is unique to you, just as it is to each one of our clients. Before we get started we need to collect some general information from you.

Client Information Form

Date: __________________

Your Name: ________________________________ Date of Birth: ___________________

Preferred Pronouns: _____________________ (Ex. He/Him, She/Her, They/Them, Etc)

Who referred you to us? ____

May we have your permission to thank this person for the referral? ________ (Yes/No)

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

____

____

Address:____

City: ____________________ State: __________ Zip Code: ______________________

Home Phone: _____________________ Cell Phone: ______________________

Work Phone: _____________________

Which is your preferred contact number? __________

May I leave a voicemail at these provided phone numbers? ______ (Yes/No)

Email: ____

Who is your primary doctor? ____

Address: ___________________________________ Phone number: __________________

What issues do you want to work on in therapy? ___________________________________

____

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____

SOCIAL HISTORY:

Are you currently in a relationship? __________ If so, for how long? __________________

Do you have any children? _________ If so, how many and what are their names and ages?

PLEASE CHECK ALL THAT APPLY:

- ☐ Depressed mood
- ☐ Lost or gained weight
- ☐ Not enough sleep
- ☐ Too much sleep
- ☐ Sluggish
- ☐ Agitated
- ☐ Never tired
- ☐ Difficulty concentrating
- ☐ Afraid to leave home
- ☐ Low self esteem
- ☐ Feel guilty or worthless
- ☐ Excessive talking
- ☐ Racing thoughts
- ☐ Easily distracted
- ☐ Over working yourself
- ☐ Impulsive behavior
- ☐ Work/school problems
- ☐ Feeling paranoid
- ☐ Tense/unable to relax
- ☐ Excessive worry
- ☐ Panic attacks
- ☐ Thoughts of death or suicide
- ☐ Unreasonable fear
- ☐ Fear of social situations
- ☐ Repetitive thoughts/behavior
- ☐ Upsetting memories
- ☐ Recent loss/grief
- ☐ Auditory/visual hallucinations
- ☐ Violent thoughts/behaviors
- ☐ Self harm
- ☐ Anger outburst
- ☐ Careless, high-risk behavior
- ☐ Financial problems

EMPLOYMENT HISTORY:

Name of Current Employer: ____

How long have you been at your current employer? __________________________________

Briefly describe your job responsibilities: ____

What is the longest position you have held and for how long? _________________________

____

EDUCATIONAL HISTORY:

What is the highest level of education you have completed? __________________________

Do you recall ever being asked to participate in special education classes in elementary, junior, or senior high? _________ If so, please explain: ______________________________

____

____

MEDICAL HISTORY:

Please list any significant medical conditions: _______________________________________

____

Please list all current medications and the purposes of those medications: ________________

____

Please list any previous surgeries or significant injuries: ______________________________

____

How much caffeine do you consume in a day? _______________________________________

How many alcoholic drinks do you consume in a day, on average? _____ In a week? ______

MENTAL HEALTH HISTORY:

Have you ever received psychological or psychiatric counseling services before? _________

If so, when and for what reason? ____

____

Did you find the experience to be helpful? ___________ If so, what specifically was helpful about the experience? ____

____

Have you ever taken medications for a psychiatric or emotional condition? ______________

If so, what type of medication? ____

____

For how long? ____

Did you find them to be helpful? ____

In general, what do you do to cope with stress? ___________________________________

____

____

Has anyone in your family ever been diagnosed or treated for any mental illness or substance abuse? _______ If so, who, and for what were they treated? _________________________

____

Is there anything else you think is important that you think your therapist should know about you or your mental health?

____

____

____

____

LEGAL HISTORY:

Have you ever been arrested? _________________ If so, for what reason? ______________

____

Do you have any current legal involvements such as pending court cases? _______________

If so, please explain: ____

____

Thank you for your responses!