

CLIENT INFO

CLINT CLARK, LPC

WHO ARE YOU?

FULL NAME: _____ NICK NAMES: _____

NAME YOU PREFER: _____ AGE: _____ DATE OF BIRTH: _____

RACE: WHITE BLACK HISPANIC ASIAN OTHER: _____ SEX: MALE FEMALE

WHERE ARE YOU?

STREET ADDRESS: _____ SUITE OR APT. NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____ MAY I SEND MAIL HERE: YES NO

HOME PHONE: (_____) _____ MAY I LEAVE A MESSAGE HERE: YES NO

MOBILE PHONE: (_____) _____ MAY I LEAVE A MESSAGE HERE: YES NO

WORK PHONE: (_____) _____ EXTENSION: _____ MAY I LEAVE A MESSAGE HERE: YES NO

EMAIL ADDRESS: _____ MAY I SEND EMAIL HERE: YES NO

JOB STUFF...

DO YOU HAVE ONE? YES NO DO YOU WANT ONE? YES NO

EMPLOYER: _____ LENGTH OF EMPLOYMENT: _____

OCCUPATION: _____ AVERAGE HOURS WORKED PER WEEK: _____

SCHOOL STUFF...

TYPE OF SCHOOL: HOME PRIVATE PUBLIC NAME OF YOUR SCHOOL: _____

LAST YEAR OF SCHOOL COMPLETED: 6 7 8 9 10 11 12 GED *** LIKE IT HATE IT WHO CARES

DATING STUFF...

SINGLE DATING HANGING OUT WISH I WAS NO WAY!

HIS / HER NAME: _____ PREFERRED NAME: _____

HOW LONG HAVE YOU KNOWN YOUR PARTNER: _____ AGE: _____ PARTNER'S SEX: MALE FEMALE

PARTNER'S RACE: WHITE BLACK HISPANIC ASIAN OTHER: _____

MEDICAL STUFF...

PRIMARY DOCTOR: _____ PHONE: (_____) _____

ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT: YES NO.

LIST ANY CONDITIONS, ILLNESSES, SURGERIES, HOSPITALIZATIONS, TRAUMAS OR RELATED TREATMENTS YOU HAVE HAD (USE BACK IF NECESSARY):

MEDICATIONS...

LIST ALL CURRENT MEDICATIONS YOU ARE TAKING, INCLUDING THOSE YOU SELDOM USE OR TAKE ONLY AS NEEDED (USE BACK IF NECESSARY):

MEDICATION: _____ DOSAGE: _____ IMPROVES PREVENTS CONTROLS: _____

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ARE YOU TAKING THESE MEDICATION(S) ACCORDING TO YOUR DOCTOR'S RECOMMENDATIONS: YES NO

IF NO, BRIEFLY EXPLAIN: _____

WHAT'S GOING ON...

WHAT'S THE PROBLEM AS YOU SEE IT? _____

HOW MUCH DO YOU CARE?

PLACE AN "X" ON THE SCALE BELOW (1 = COULD CARE LESS; 10 = THIS IS A BIG DEAL):

● _____ ●
1 2 3 4 5 6 7 8 9 10

DO YOU WANT TO HURT YOURSELF? YES NO. HAVE YOU WANTED TO IN THE PAST? YES NO

HAVE ANY OF YOUR FRIENDS OR FAMILY EVER COMMITTED OR ATTEMPTED SUICIDE? YES NO

IF YES, WHEN AND WHO: _____

DESCRIBING YOUR WORLD...

THESE ARE MY PASSIONS: _____

MY FAVORITE BANDS ARE: _____

IF I COULD DO ANYTHING I WOULD: _____

WHAT MAKES ME UNIQUE IS: _____

ONE THING THAT WOULD MAKE MY LIFE BETTER IS: _____

MY FRIENDS ARE: _____

MY PARENTS: LIKE THEM HATE THEM THINK I COULD DO BETTER DON'T CARE EITHER WAY.

WHERE'S GOD?

IF GOD WERE TO DESCRIBE YOU, WHAT WOULD HE SAY: _____

COMPLETE THE FOLLOWING THOUGHT: GOD IS _____

OTHER STUFF...

WHAT ELSE SHOULD I KNOW ABOUT YOU? _____
