



Client History Form

Why are you seeking help now?

What is happening or is different? What do you hope will be different by seeking help?

Please give more details about the issue you named above:

When did it start? How often does it happen? How does it affect life within your family? How have you dealt with it so far?

Have you ever experienced similar or other mental health symptoms before?

If so, what was your experience like? When did it happen? Did anything help this improve? Did anything contribute to it worsening?

Has anyone in your family ever experienced mental health or substance use issues?

If so, who was it? Did they seek help or get a diagnosis?

Do you have any current or prior medical issues?

If so, what was/is it? Have you seen a doctor or other healthcare professional for it? What recommendations or treatment did you have? Is there any other significant family health history?

Are you currently prescribed any medications?

If so, please list the name, dosage, how often you take it, and the prescriber for each medication.

Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed?

If so, which? When did you start, how often did/do you use, and how long did this occur? If completing for your child/teen, please indicate any known substance use or related treatment.

Who is in your family? What is your relationship with them like?

Please list all individuals you consider to be a part of your family and their ages. For those who are not part of your family of origin (such as significant others), please include the duration of your relationship. Please note any history of adoption, separation/divorce, or re-marriage.

What social activities and relationships do you engage in?

What important social relationships do you or your child/teen have? Do you/they belong to any social clubs or organizations? How do you or your child/teen like to spend leisure time?

What spiritual practices and cultural influences are important to you?

Do you belong to a religious, faith, or spiritual community? What other racial/cultural groups do you or your family identify with? How do you celebrate culture and spirituality in your life?

What was life like as you were growing up, both at home and in school?

Did you or your child/teen meet developmental milestones on time or experience any delays? Describe the quantity and quality of social connections for you and your family.

What significant educational and work/volunteer experiences have you had?

What is the highest level of education you have completed? Are you currently employed? If so, where and for how long? What other work and educational experiences have you had? Are you satisfied with your current employment and education? If completing for your child/teen, please describe their academic functioning, including current school and grade. Note any IEP/504 plans in place, including services or accommodations provided.

Do you have any current or prior legal issues?

Were you ever arrested or charged with a crime or misdemeanor? Do you have any involvement with the civil courts, such as a lawsuit or family law matter? If so, please describe them. If completing for your child/teen, please note any legal involvement.

What strengths and abilities are you bringing to sessions? What needs or preferences do you have that will help us be successful?

What supports times of greater stability and happiness for you or your family? What is important to know that will help make our time more effective?

What else is important to know about you?