## Bridges Individual & Family Counseling, Inc.

A Place for Hope and Restoration

## **CLIENT PERSONAL DATA**

This is a <u>confidential record</u> of your personal history. Information contained in it will not be released to anyone unless authorized by you or required by the law as explained in our consent to treatment. Please fill out completely.

Date_		Referred By								
Client:	Name			Male □	Female 🗖					
	Address									
	Home Phone()									
	May we call you at home? Y □ N				Female Control of the session.					
	AgeBirthdate	Highest	Grade Completed/Degree_							
	Occupation									
	Employer:									
	Employer Address:									
	Ethnicity: Caucasian   African									
	<b>NOTE:</b> It is important for the clie	ent and therapist to determine	e together what part spiritu	al/religious	issues will					
	or will not take in therapy. Would you like spirituality/religious issues to be a part of your therapy?									
	Y N Don't Know Church	Affiliation (if any)								
	Are you a missionary or on staff a									
	Person to notify in case of emerge									
	ould you rate how serious this joal(s) would you like to accom		Mildly Upsetting	3 4 Extren	5 nely Serious					
		CENEDAL CONSENT TO T	HED A DV							
		GENERAL CONSENT TO T	HERAPY							
respons	ny consent to counseling, psychoth sible for the payment of and that I am responsible for payr and that any appointment not kep	per session, (45-50 minument, even though I may be	tes) which is payable at the reimbursed by my insuranc	time of the company	e session.					
Therap	st Initials									
Signatu	re of Client									
If Mino	, Signature of Responsible Parent									
2016	•			_						

## **FAMILY INFORMATION**

Marital status - current: Singl	e 🖬 Married 🗖 🏻 🗈	Divorced <b></b>	Separated <b>W</b>	idow/er 🗖 Partner 📮 Datin	g 🗖
Spouse/Partner Name:			Spouse/Partne	er Birthdate:	
Length of Marriage/Relations	hip:				
Children: Names and Ages:					
Are your children livir	ng with you? Yes 🗆	No 🗖			
Parents: Father: Age Occ	cupation		Mother: Age	Occupation	
Did you grow up with both paren	ts in the home? Y	<b>-</b> N <b>-</b>	If your parents dive	orced, what age were you?	
Did your parents remarry following	ng divorce? Y	n n	If yes, what age we	ere you?	
List names and ages of family me	embers involved in	therapy			
Please indicate any family his	tory of the follow	ing by ch	ecking the approp	riate box.	
□ Sexual abuse	0	Chronic	Mental Illness		
□ Substance Abuse	_	Eating D	Disorder		
Suicidality		Other:_			
Are you currently in therapy else Have you ever had any previous PROBLEM			YONO IF Y		
				Successiui.	
Have you ever attempted suice	cide? Y 🗆 N 🗅 If Y	ES, when?	)	<u>'</u>	
If YES, method used:					
Were you ever hospitalized for p	sychiatric reasons? `	YO NO 1	If Yes, when?	Length of hospital stay	
	MED	ICAL INF	<u>ORMATION</u>		
Current Weight	One Year Ago		_ Maximum	When	
Do you exercise regularly? Y	N □ How?				
Do you sleep well? Y 🗖 N 🗖 A	mount (hours)		Eas	sy to get to sleep? Y 🗖 N 🗖	
Primary Physician		City		Date of last physical	

## Please list all current medications:

MEDICATION	DOSE	REASON

ME	DICAL (	CONDITI	ONS	
Please check all tha	t apply	to you:		
	NEVER	SELDOM	SOMETIME	S OFTEN
Insomnia				
Loss of Appetite				
Back Pain				
Asthma				
Headaches				
Phobias (Fears)				
Nausea				
Allergies				
Nervousness				
Loss of temper				
Fatigue				
Depression				
High blood pressure				
Constipation				
Diarrhea				
Over-eating				
Mood swings				
Self-harm Behaviors				
Hearing/Seeing things that are not there			•	

		CONCERNS SELDOM S		ES OFTEN
Smoking				
<ul> <li>Packs per week</li> </ul>	· 			
Alcohol Intake				
<ul><li>Frequency (per</li><li>How Much?</li></ul>	week	):		<u> </u>
<ul> <li>What do you dr</li> </ul>				
Marijuana				
<ul> <li>Amount per we</li> </ul>	ek:			
Drugs (not medications)				
<ul><li>What?</li></ul>				
<ul><li>Frequency:</li></ul>				
MED	ICAT	ION HISTO	RY	
N	EVER	SELDOM S	ОМЕТІМІ	S OFTEN
Appetite Suppressants				
Pain Relievers				
Sedatives/Tranquilizer	s 🗖			
Sleep Aids				
Stimulants				
Blood Pressure Meds				
Heart Medicine				
Vitamins				
Please list all current	t med	ications:		
Comments:				
comments.				