

Client Information – Individual
(All information provided here is confidential.)

Client name (last, first, middle) _____

date of birth ___/___/___ sex ___M ___F Today's date _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

SSN _____ email address _____

Marital status ___never married ___married ___divorced ___separated
___committed relationship ___widowed

If you have children, list names and ages _____

Employer _____ phone number _____ position _____

How were you referred to Jeff Stambook? _____

Insurance name _____ phone number _____

Member ID number _____ group number _____

Have you previously received mental or behavioral health services? ___ If yes, when, and what issues were you treated for? _____

Are you currently on any medication? ___ If yes, please list _____

Are you currently experiencing overwhelming sadness, grief or depression? ___yes ___no

If yes, why, and for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias? ___yes ___no

If yes, when did you begin experiencing this? _____

Are you currently experiencing any chronic pain? ___yes ___no

If yes, please describe _____

Do you drink alcohol more than once a week? ___yes ___no

How often do you use recreational drugs? ___daily ___weekly ___monthly ___rarely ___never

What significant life changes or stressful events have you experienced recently? _____

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	<u>Please Circle</u>	<u>List Family Member</u>
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	

Do you consider yourself to be spiritual or religious? ___yes ___no

If yes, describe your faith or belief _____

What would you like to accomplish from your time in therapy? _____
