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NEW CLIENT INFORMATION

Please complete the following information. If you are unsure of any of it, feel free to leave it blank and bring it up during the opening interview. Thank You.

Today's Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Age:** ____ **SSN (optional):** _____

Email: _____ OK for contact? ☐

Telephone:	Discretion necessary?	Days/Times to call	Texts OK
Home: _____	☐ Yes ☐ No	_____	☐
Cell: _____	☐ Yes ☐ No	_____	☐
Work: _____	☐ Yes ☐ No	_____	☐

Emergency Contact

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you - perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____

Telephone: Home: _____ Other: _____

Gender: ☐ Male ☐ Female ☐ Transgendered MTF ☐ Transgendered FTM

Ethnicity: ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian ☐ Middle Eastern ☐ Pacific Islander ☐ Caucasian ☐ Indian ☐ Mix ☐ Other

Religion: ☐ Agnostic ☐ Atheist ☐ Buddhist ☐ Catholic ☐ Christian ☐ Hindu ☐ Jewish ☐ LDS
☐ Muslim ☐ Spiritual ☐ Other:_____

Sexual/Affection Orientation: ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Unsure
☐ Other:_____

Relationship Status: ☐ Single, not dating ☐ Single and dating ☐ Married ☐ Divorced ☐ Widowed
☐ Committed Relationship

Parental Status: ☐ No children ☐ Biological Parent (Number of children? _____)
☐ Step-parent/Co-parent ☐ Foster parent ☐ Adoptive parent ☐ Grandparent
☐ Other:_____

Education (Please mark the highest level of education you have achieved):
☐ Some High School ☐ High School/GED ☐ Some College ☐ Technical/Apprentice certification
☐ AS Degree ☐ BA/BS Degree ☐ Some graduate school ☐ MA/MS Degree ☐ Doctorate/MD/JD

Employment Status:
☐ Full-time ☐ Part-time ☐ Work as parent in the home ☐ Student ☐ Unemployed ☐ Retired
Employer_____ **Job Title** _____
What is your average monthly income from ALL sources over the past year? $_____

Sources of Income (please check all that apply):
☐ Job ☐ Unemployment ☐ Family (e.g. spouse, partner, parents) ☐ Child Support ☐ SSI/SDI ☐ Savings
☐ Retirement ☐ Other:_____

Military experience:
Have you ever been in the military? ☐ Yes ☐ No Are you active military? ☐ Yes ☐ No
If yes, please answer the following: Branch ☐ Army ☐ Navy ☐ Air force ☐ Marines ☐ Coast Guard
Date entered (month & year):_____ Rank/Rate: _____
Time served oversees? ☐ Yes ☐ No Time served in combat? ☐ Yes ☐ No

Your Health
Please give me the name and contact information for your primary care physician:
Name: _____ Office Phone:_____
When was your last appointment?
☐ Within the last 30 days ☐ Last 3 months ☐ Last 6 months ☐ Last Year
☐ More than 1 year ☐ More than 3 years
Do you currently have any serious illnesses? ☐ Yes ☐ No
If "Yes," please describe: _____
Have you had any serious illnesses in the past? ☐ Yes ☐ No

Previous Counseling

Are you currently seeing a counselor of therapist? ☐ Yes ☐ No

If "yes," please give tell me their name and phone number:

Name: _____ Phone: _____

Have you ever seen a therapist or counselor? ☐ Yes ☐ No

If "yes," how long ago?

☐ last 3 months ☐ 3-6 months ☐ 6-12 months ☐ More than 1 year ago ☐ 2-3 years ago ☐ 4 or more years ago

Have you ever stayed at a psychiatric hospital? ☐ Yes ☐ No

If "yes," when

For how long?

Why?

Drug and Alcohol History

As a child or teenager, did you ever drink alcohol? ☐ Yes ☐ No Age of first drink:_____

As an adult, did you ever drink alcohol? ☐ Yes ☐ No

Do you currently drink alcohol? ☐ Yes ☐ No

As a child or teenager, did you ever use drugs? ☐ Yes ☐ No Age of first use:

As an adult, have you ever used drugs? ☐ Yes ☐ No

If "Yes,' please tell me which drugs you have used in the past:

☐ Marijuana ☐ Hashish ☐ Cocaine ☐ Crack ☐ Meth/crystal ☐ Speed ☐ Steroids ☐ Mushrooms

☐ Acid ☐ Heroin ☐ Inhalants ☐ K ☐ X ☐ G/GHB ☐ Testosterone ☐ Barbituates/Tranquilizers

☐ Others (please list):_____

Please tell me which drugs you have used in the last 6 months

☐ Marijuana ☐ Hashish ☐ Cocaine ☐ Crack ☐ Meth/crystal ☐ Speed ☐ Steroids ☐ Mushrooms

☐ Acid ☐ Heroin ☐ Inhalants ☐ K ☐ X ☐ G/GHB ☐ Testosterone ☐ Barbituates/Tranquilizers

☐ Others (please list):_____

Legal History

As a child or teenager, were you every arrested? ☐ Yes ☐ No

As an adult, have you ever been arrested? ☐ Yes ☐ No

As adult, have the police or other law enforcement agents every been called to your home? ☐ Yes ☐ No

Have you ever been on any type of probation or parole? ☐ Yes ☐ No

BRIEF SYMTPOM CHECKLIST

Below is a list of problems people sometimes have. Please read each one carefully and circle the number that best describes how much that problem has bothered you ***DURING THE LAST 14 DAYS (TWO WEEKS), INCLUDING TODAY.*** *Circle only one number for each problem and please do not skip any.*

[Please complete this part manually after you print out the entire form]

Nervousness or shakiness inside 0 1 2 3 4 5 6 7 8 9 10	**Faintness or Dizziness** 0 1 2 3 4 5 6 7 8 9 10
The idea that someone else can control your thoughts 0 1 2 3 4 5 6 7 8 9 10	**Trouble remembering things** 0 1 2 3 4 5 6 7 8 9 10
Feeling that others are to blame for your troubles 0 1 2 3 4 5 6 7 8 9 10	**Feeling easily annoyed or irritated** 0 1 2 3 4 5 6 7 8 9 10
Pains in the heart or chest 0 1 2 3 4 5 6 7 8 9 10	**Feeling afraid of open spaces or on the street** 0 1 2 3 4 5 6 7 8 9 10
Feeling that most people cannot be trusted 0 1 2 3 4 5 6 7 8 9 10	**Thoughts of ending your life** 0 1 2 3 4 5 6 7 8 9 10
Poor appetite 0 1 2 3 4 5 6 7 8 9 10	**Suddenly scared for no reason** 0 1 2 3 4 5 6 7 8 9 10
Temper outbursts that you could not control 0 1 2 3 4 5 6 7 8 9 10	**Feeling lonely even when you are with people** 0 1 2 3 4 5 6 7 8 9 10
Feeling Blue 0 1 2 3 4 5 6 7 8 9 10	**Feeling no interest in things** 0 1 2 3 4 5 6 7 8 9 10
Feeling fearful 0 1 2 3 4 5 6 7 8 9 10	**Your feelings being easily hurt** 0 1 2 3 4 5 6 7 8 9 10
Feeling people are unfriendly or dislike you 0 1 2 3 4 5 6 7 8 9 10	**Feeling inferior to others** 0 1 2 3 4 5 6 7 8 9 10
Nausea or upset stomach 0 1 2 3 4 5 6 7 8 9 10	**Feeling that you are being watched or talked about** 0 1 2 3 4 5 6 7 8 9 10
Trouble falling asleep 0 1 2 3 4 5 6 7 8 9 10	**Having to check or double check what you do** 0 1 2 3 4 5 6 7 8 9 10
Trouble getting your breath 0 1 2 3 4 5 6 7 8 9 10	**Hot or cold spells** 0 1 2 3 4 5 6 7 8 9 10

Difficulty making decisions 0 1 2 3 4 5 6 7 8 9 10	**Feeling afraid to travel on busses, subways, trains or airplanes** 0 1 2 3 4 5 6 7 8 9 10
Feeling blocked in getting things done 0 1 2 3 4 5 6 7 8 9 10	**Feeling lonely** 0 1 2 3 4 5 6 7 8 9 10

CHECKLIST OF DIFFICULT LIFE EVENTS

Below is a list of life events that many people have experienced and which can be difficult. Please place check marks next to the events you have experienced in your life.

- ☐ Your parent(s) died when you were a child
- ☐ Your heterosexual partner/spouse died
- ☐ You were robbed
- ☐ You were the victim of a hate crime
- ☐ You were physically assaulted by a same-sex stranger
- ☐ You were sexually harassed at school or work by a member of the opposite sex
- ☐ You were sexually assaulted by a member of the opposite sex
- ☐ Your parent(s) was/were addicted to drugs/alcohol
- ☐ You were physically abused as a child
- ☐ You were arrested
- ☐ You were placed in jail
- ☐ You were forced to leave your country (refugee)
- ☐ You were diagnosed with a life-threatening illness
- ☐ You got a heterosexual divorce
- ☐ Your partner tested positive for HIV
- ☐ Your partner was diagnosed with a life threatening illness
- ☐ You physically assaulted someone
- ☐ Your own child died
- ☐ Your same-sex partner/spouse died
- ☐ You were physically assaulted by an opposite sex stranger
- ☐ You witnessed your parents physically fighting when you were a child
- ☐ You were sexually harassed at school or work by a member of the same sex
- ☐ You were sexually assaulted by a member of the same sex
- ☐ You were sexually abused as a child
- ☐ Your parents divorced
- ☐ You were removed from your parent'(s) home by the authorities
- ☐ You witnessed street violence or a violent crime
- ☐ You had an abortion
- ☐ You tested positive for HIV
- ☐ You were separated or divorced from your same-sex life partner
- ☐ You were addicted to drugs/alcohol
- ☐ You sexually assaulted someone
- ☐ Your parent was placed in jail

SEXUAL EXPERIENCES SURVEY

The questions below describe sexual experiences many people have has with partners/lovers or dates. Please read each one carefully and check YES or NO for each of the following questions. Please answer every question.

1. Have you ever had sex with someone when you wanted to? ☐ Yes ☐ No
2. Have you ever had someone misunderstand the level of sexual activity you wanted? ☐ Yes ☐ No
3. Have you ever been in a situation where someone became so sexually aroused that you felt it was useless to stop him/her even though YOU DID NOT WANT TO continue? ☐ Yes ☐ No
4. Have you ever had sex with someone even though YOU DIDN'T REALLY WANT TO because she or he threatened to end your relationship if you didn't? ☐ Yes ☐ No
5. Have you ever had sex with someone WHEN YOU DIDN'T WANT TO because you felt pressured by his or her continual arguing and insisting? ☐ Yes ☐ No
6. Have you ever been in a situation where you had sex with someone WHEN YOU DIDN'T WANT TO because she or he threatened to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate? ☐ Yes ☐ No
7. Have you ever been in a situation where someone used some degree of physical force (twisting your arm, holding you down, etc) if you didn't cooperate? ☐ Yes ☐ No
8. Have you ever been in a situation where someone penetrated you WHEN YOU DIDN"T WANT TO because she or he used physical force (twisting you arm, holding you down, etc.)? ☐ Yes ☐ No
9. Have you ever been raped? ☐ Yes ☐ No

CONFLICT TACTIC SCALE I (V)

[Please complete this part manually after you print out the entire form]

People use many different ways to settle differences between them. Here is a list of some of the things that your current or past partners might have done when you had a dispute. I would like you to circle the number that best describes how many times each thing has happened across ALL of your relationships.

"YOUR PARTNERS TO YOU"

TYPE OF TACTIC	HOW MANY TIMES?						
1. Discussed an issue calmly.	0	1	2	3-5	6-10	11-20	More than 20
2. Got information to back up her/his side of things.	0	1	2	3-5	6-10	11-20	More than 20
3. Brought in, or tried to bring in, someone else to try to help settle things.	0	1	2	3-5	6-10	11-20	More than 20
4. Insulted or swore at you.	0	1	2	3-5	6-10	11-20	More than 20
5. Sulked or refused to talk about things.	0	1	2	3-5	6-10	11-20	More than 20
6. Stomped out of the room or house or yard.	0	1	2	3-5	6-10	11-20	More than 20
7. Cried.	0	1	2	3-5	6-10	11-20	More than 20
8. Did or said something to spite you.	0	1	2	3-5	6-10	11-20	More than 20
9. Threatened to hit or throw something at you.	0	1	2	3-5	6-10	11-20	More than 20
10. Threw or smashed or hit or kicked something.	0	1	2	3-5	6-10	11-20	More than 20
11. Threw something at you.	0	1	2	3-5	6-10	11-20	More than 20
12. Pushed, grabbed, or shoved you.	0	1	2	3-5	6-10	11-20	More than 20
13. Slapped you.	0	1	2	3-5	6-10	11-20	More than 20

14. Kicked, bit or hit you with a fist.	0	1	2	3-5	6-10	11-20	More than 20
15. Hit, or tried to hit, you with something.	0	1	2	3-5	6-10	11-20	More than 20
16. Beat you.	0	1	2	3-5	6-10	11-20	More than 20
17. Choked you.	0	1	2	3-5	6-10	11-20	More than 20
18. Threatened you with a knife or gun.	0	1	2	3-5	6-10	11-20	More than 20
19. Used a knife or fired a gun at you.	0	1	2	3-5	6-10	11-20	More than 20

CONFLICT TACTIC SCALE II (P)

[Please complete this part manually after you print out the entire form]

People use many different ways to settle differences between them. Here is a list of some of the things that YOU might have done when you had a dispute with your current or past partners. I would like you to circle the number that best describes how many times you have done each thing across ALL of your relationships.

"YOU TO YOUR PARTNERS"

TYPE OF TACTIC	HOW MANY TIMES?						
1. Discussed an issue calmly.	0	1	2	3-5	6-10	11-20	More than 20
2. Got information to back up your side of things.	0	1	2	3-5	6-10	11-20	More than 20
3. Brought in, or tried to bring in, someone else to try to help settle things.	0	1	2	3-5	6-10	11-20	More than 20
4. Insulted or swore at him/her.	0	1	2	3-5	6-10	11-20	More than 20
5. Sulked or refused to talk about things.	0	1	2	3-5	6-10	11-20	More than 20
6. Stomped out of the room or house or yard.	0	1	2	3-5	6-10	11-20	More than 20
7. Cried.	0	1	2	3-5	6-10	11-20	More than 20
8. Did or said something to spite him/her.	0	1	2	3-5	6-10	11-20	More than 20
9. Threatened to hit or throw something at you.	0	1	2	3-5	6-10	11-20	More than 20
10. Threw or smashed or hit or kicked something.	0	1	2	3-5	6-10	11-20	More than 20
11. Threw something at you him/her.	0	1	2	3-5	6-10	11-20	More than 20
12. Pushed, grabbed, or shoved him/her.	0	1	2	3-5	6-10	11-20	More than 20
13. Slapped you.	0	1	2	3-5	6-10	11-20	More than 20
14. Kicked, bit or hit him/her with a fist.	0	1	2	3-5	6-10	11-20	More than 20
15. Hit, or tried to hit, him/her with something.	0	1	2	3-5	6-10	11-20	More than 20
16. Beat him/her.	0	1	2	3-5	6-10	11-20	More than 20
17. Choked him/her.	0	1	2	3-5	6-10	11-20	More than 20
18. Threatened him/her with a knife or gun.	0	1	2	3-5	6-10	11-20	More than 20
19. Used a knife or fired a gun at him/her.	0	1	2	3-5	6-10	11-20	More than 20