Client Clinical Information

Thank you for your interest in working with me. I appreciate your patience with all the paperwork, most of which is required for Licensed Independent Social Workers in Ohio. The information you give me on these forms will help me deliver the best treatment possible. I assure you that the paperwork burden will be significantly less after your first appointment!

Name:

How many sessions do you think it might take to resolve the problem?

☐ 1-10 ☐ 11-20 ☐ More than 20 ☐ On-going

Health Information

If you have ever had a psychiatric hospitalization, please provide including the approximate dates, hospital, reason for admission, and approximate length of stay:

☐ N/A

List your current vitamins, supplements, and medications, dosages, and prescriber(s):

☐ No current medications

Medical history (including head injuries) **and allergies:**

If you have you ever seen a psychotherapist or counselor please provide the specifics, approximating if you are unsure

Therapist ☐ N/A	Dates or Your Age	Issues/Diagnosis	Number of Sessions

Describe what was most and least helpful about the past therapy or counseling

☐ N/A

Describe any history of suicide attempts, self-harming behaviors, and attempts to harm others

☐ N/A

Describe your use of alcohol, drugs, tobacco, and caffeine			
Substances	**Frequency**	**Amount**	**Consequences**
	□ Daily □ 2-5x/wk □ Weekly □ Less often		□ No negative or:

Self-Care

With whom do you live? Describe any relationships that are a significant focus in your life right now

□ I live alone

What are your self-care activities? (Friends, volunteering, exercising, creative outlets, etc.)

□ None

Describe your physical activity/exercise

Summarize your typical diet and nutritional habits

List or describe your strengths

List or describe your challenges

Describe what you want to get out of working together and how you will know when you are done

Other information you want me to know