

ANDREA ANDES, MA., LMFT  
LMFT 83892/203661  
PSYCHOTHERAPY  
1213 NORTH GOLIAD STREET  
ROCKWALL, TEXAS 75087  
(310) 493.7445

**CONFIDENTIAL CLIENT INFORMATION**

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_  
DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: H: \_\_\_\_\_ W: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
AGE: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ REFERRAL  
BY: \_\_\_\_\_

PERSON AND PHONE NUMBER TO CALL IN CASE OF  
EMERGENCY: \_\_\_\_\_

RELATIONSHIP STATUS: \_\_\_\_\_ PARTNER'S NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

FORMER RELATIONSHIPS  
(YEARS): \_\_\_\_\_

SIBLINGS (NAMES/  
AGES): \_\_\_\_\_

PARENTS (AGES OR YEAR OF  
DEATH): \_\_\_\_\_

OCCUPATION/  
POSITION: \_\_\_\_\_

INSURANCE  
INFO: \_\_\_\_\_

PRESENTING PROBLEM (WHY ARE YOU SEEKING THERAPY? BE AS SPECIFIC AS YOU CAN: WHEN  
DID IT START, HOW DOES IT AFFECT YOU?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL DOCTORS: \_\_\_\_\_ PHONE: \_\_\_\_\_ LAST  
EXAM: \_\_\_\_\_

PSYCHIATRIST: \_\_\_\_\_ PHONE: \_\_\_\_\_ LAST  
EXAM: \_\_\_\_\_

CURRENT PSYCHIATRIC CONDITIONS: \_\_\_\_\_ PSYCHIATRIC  
MEDICATION: \_\_\_\_\_

PAST/PRESENT MEDICAL CARE: (SPECIFY: MAJOR PROBLEMS, ACCIDENTS, HOSPITALIZATIONS,  
CURRENT MEDICATION):  
\_\_\_\_\_

**PAST/PRESENT COUNSELING/ PSYCHOTHERAPY/ MENTAL HOSPITALS:**

1. THERAPIST: \_\_\_\_\_ DATES: \_\_\_\_ TO \_\_\_\_  
ADDRESS: \_\_\_\_\_

INITIAL REASON: \_\_\_\_\_ PROCESS AND OUTCOME:  
\_\_\_\_\_

2. THERAPIST: \_\_\_\_\_ DATES: \_\_\_\_ TO \_\_\_\_  
ADDRESS: \_\_\_\_\_

INITIAL REASON: \_\_\_\_\_ PROCESS AND OUTCOME:  
\_\_\_\_\_

**EXPERIENCED ANY OF THE FOLLOWING IN THE PAST YEAR?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ANXIETY OR NERVOUSNESS | <input type="checkbox"/> INCREASED APPETITE          | <input type="checkbox"/> INCREASED USE OF ALCOHOL     |
| <input type="checkbox"/> INCREASED ANGER        | <input type="checkbox"/> PANIC ATTACKS               | <input type="checkbox"/> DECREASED APPETITE           |
| <input type="checkbox"/> INCREASED USE OF DRUGS | <input type="checkbox"/> THOUGHTS OF HURTING OTHERS  | <input type="checkbox"/> FEELINGS OF GUILT            |
| <input type="checkbox"/> SEXUAL PROBLEMS        | <input type="checkbox"/> NEW RELATIONSHIPS           | <input type="checkbox"/> SUICIDAL THOUGHTS            |
| <input type="checkbox"/> TROUBLE SLEEPING       | <input type="checkbox"/> INCREASED INTEREST IN SEX   | <input type="checkbox"/> RELATIONSHIP CONFLICT        |
| <input type="checkbox"/> VIOLENT BEHAVIOR       | <input type="checkbox"/> SLEEPING TOO MUCH           | <input type="checkbox"/> DECREASED INTEREST IN SEX    |
| <input type="checkbox"/> ELATED MOOD            | <input type="checkbox"/> DISTURBING RITUALS          | <input type="checkbox"/> ILLNESS OF SIGNIFICANT OTHER |
| <input type="checkbox"/> DEATH OF A LOVED ONE   | <input type="checkbox"/> INCREASED FINANCIAL WORRIES | <input type="checkbox"/> SPENDING TOO MUCH            |

USE OF ALCOHOLIC BEVERAGES:  
TYPE/AMOUNT: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_

USE OF RECREATIONAL DRUGS:  
TYPE/

HOW OFTEN: \_\_\_\_\_ HOW  
OFTEN: \_\_\_\_\_

ALCOHOLIC/DRUG ADDICT?  
SEXUAL COMPULSIVE?  
\_\_YES HOW LONG? \_\_\_\_\_  
\_\_NO

RECOVERING FROM EATING DISORDER?  
\_\_YES HOW LONG? \_\_\_\_\_  
\_\_NO

RECOVERING  
\_\_YES HOW  
\_\_NO

FRIENDSHIPS, COMMUNITY, SPIRITUALITY, COMING OUT (DESCRIBE QUALITY, FREQUENCY, ACTIVITIES, ETC.):

---

---

DESCRIBE YOUR CHILDHOOD IN GENERAL (RELATIONSHIPS WITH PARENTS, SIBLINGS, OTHERS, SCHOOL, NEIGHBORHOOD, RELOCATIONS, ANY SCHOOL/BEHAVIOR PROBLEMS, ABUSIVE/ALCOHOLIC PARENT, DIVORCE):

---

---

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS OR VIOLENCE (INCLUDING SUICIDE, DEPRESSION, HOSPITALIZATIONS IN MENTAL INSTITUTIONS, ABUSE, ETC.): \_\_\_\_\_

---

---

WHAT GIVES YOU THE MOST PLEASURE IN YOUR LIFE?: \_\_\_\_\_

---

**WHAT ARE YOUR MAIN WORRIES AND FEARS?:** \_\_\_\_\_

---

**WHAT ARE YOUR MOST IMPORTANT HOPES AND DREAMS?:** \_\_\_\_\_

---

**WHAT WOULD YOU LIKE TO GET OUT OF THERAPY? (BE AS SPECIFIC AS YOU CAN ABOUT YOUR GOALS):**

---

---

---

**PLEASE ADD ON THE OTHER SIDE OF THE PAGE OR ON A SEPARATE PAGE ANY OTHER INFORMATION YOU WOULD LIKE ME TO KNOW ABOUT YOU**