

## Client Information

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Client Name: \_\_\_\_\_

(Last) (Fist) (Middle)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Current Address: \_\_\_\_\_

(Street and Number)

(City) (State) (Zip)  
Home Phone: (\_\_\_\_) \_\_\_\_\_ May we leave a message?  No  Yes

Cell/Other Phone: (\_\_\_\_) \_\_\_\_\_ May we leave a message?  No  Yes

Work Phone: (\_\_\_\_) \_\_\_\_\_ May we leave a message?  No  Yes

E-Mail: \_\_\_\_\_ May we e-mail you?  No  Yes

\*Please note: e-mail Correspondence is not considered to be a confidential medium of communication.

Marital Status:  Never Married  Domestic Partnership  Married  Separated  Divorce  Widow

Referred by (Or how did you hear about Palm Beach PsychCare, or Joann Gorn, L.C.S.W):

What prompted you to choose Palm Beach PsychCare, or Joann Gorn, L.C.S.W:

Name of Parent (if client is under 18 years old): \_\_\_\_\_

(Last) (Fist) (Middle)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc)?

Yes  No / previous therapist/practitioner: \_\_\_\_\_

Last Physical Exam (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of PCP: \_\_\_\_\_

Have you ever been prescribed psychiatric medications  No  Yes

Please list any prescription medication, the dosage and date medication began you are currently taking?

Please list any medication you have taken previously and date:

## Client Information Continued

Are you currently employed?  No  Yes

If yes, where are you employed? \_\_\_\_\_

What job title? \_\_\_\_\_

If yes, what is your current employment situation?

\_\_\_ Part time \_\_\_ Full Time \_\_\_ seasonal \_\_\_ Temporary \_\_\_ Laid off \_\_\_ Disability

Problems with: \_\_\_ Management \_\_\_ Co-Worker \_\_\_ Tardiness \_\_\_ No Shows \_\_\_ Frequent Illness

Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you enjoy your work?  No  Yes

Is there anything stressful about your current work?

\_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself to be spiritual or religious?  No  Yes

If yes, describe your faith or belief:

\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be some of your strengths?

\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be some of your weaknesses?

\_\_\_\_\_  
\_\_\_\_\_

What would you like to accomplish out of your time in therapy (My goals)?

\_\_\_\_\_  
\_\_\_\_\_