

New Client Information

River City Clinic ** 651-646-8985
1360 Energy Park Drive, Ste 340, St. Paul, MN 55108

Welcome! In order to get to know you and to better serve you, I need to know some things about you and your family. Please answer each question as completely as you can.

Name: _____ Date of Birth: _____ Age: _____

Occupation: _____ Employer: _____

If student, please list school, field of study and which degree you're working toward:

How did you find out about my services? _____

Relationship Status:

- Single
- Long term relationship for _____ years
- Married for _____ years
- Separated after a marriage of _____ years
- Divorced for _____ years after a marriage of _____ years
- Remarried for _____ years
- Widowed after a marriage of _____ years

Spouse/partner's first name: _____ Occupation: _____

Family Information:

Father's name: _____ Alive? _____ Age: _____ Occupation: _____

Mother's name: _____ Alive? _____ Age: _____ Occupation: _____

What is/was your parent's marital status?

- married divorced separated father remarried mother remarried

First name, age, and sex of any siblings and step siblings you have:

First name, date of birth, and sex of any children you have:

Who do you live with?

Education:

Please indicate your highest education level:

- Less than high school High school equivalent/GED High school diploma
- Vocational Some college Bachelor's degree
- Master's degree Doctoral degree Other:_____

Major/minor/area of concentration_____

Did you experience any learning problems in school? yes no

If yes, please describe: _____

Personal Strengths:

What do you do well and what activities do you enjoy?

What personal qualities would others say you have?

What kinds of support systems (connections) do you have in your life?

Legal Issues:

Please list any legal issues that are affecting you or your family right now, or have had a significant effect on you in the past?

Mental Health History:

Have you previously seen a counselor/therapist/psychologist? yes no

If yes, please fill in the following information:

Name of professional	Dates of service	Reason for service
_____	_____	_____
_____	_____	_____
_____	_____	_____

What did you find most helpful in therapy?

What did you find least helpful in therapy?

Have you ever been hospitalized for psychiatric reasons? yes no

Is there a history of mental illness in your family? yes no

If yes, please explain

Substance Use:

Please check substances you use on a weekly/monthly basis:

() Alcohol _____ x per week/month – How many drinks per day?

() Marijuana _____ x per week/month

() Caffeine _____ x per week/month – How many drinks per day?

() Tobacco, type: _____ x per week/month

() Other & amount used: _____

() Other & amount used: _____

() Other & amount used: _____

Do you believe your use may be a problem? yes () no ()

Do you believe your partner's use may be a problem? yes () no ()

Current Issues:

Briefly describe the problems or concerns you are seeking counseling for:

How much would you say these problems or concerns are affecting the areas of your life listed below?

	Not at all	A little bit	A lot	All the time
Personally	1	2	3	4
Family life	1	2	3	4
Socially	1	2	3	4
Work	1	2	3	4
Health	1	2	3	4

How long have these problems or concerns been present?

In what ways have you attempted to cope with or solve this problem/concern?

What would you like to see happen as a result of counseling?

Please check all the concerns you are having or have had in the past.

	Check which best describes the experience of this concern:			When did this concern start?	I don't have this now but I have in the past. (When & how long?)
	Mild	Moderate	Intense		
Sadness					
Crying					
Irritability					
Loss of enjoyment					
Sleep problems					
Eating problems					
Hopelessness					
Guilt					
Mood Swings					
Flashbacks					
Obsessions					
Anxiety					
Panic attacks					
Anger / rage					
Hurting self					
Hurting others					
Suicidal thoughts					
Suicidal acts					
Abuse					
Distractibility					
Grief / loss					
Other:					

Family Concerns: (Please check any family concerns you are currently having)

- Fighting
- Disagreeing about relatives and/or friends
- Feeling distant
- Conflict with relatives and/or friends
- Loss of fun
- Alcohol use
- Lack of honesty
- Drug use
- Physical fights
- Infidelity
- Educational problems
- Money
- Other: _____

Is there anything else you think would be helpful for me to know?

Thank you!