

# Sally A. O'Donnell LCSW

Psychotherapist

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## Client Information Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

Check here if ok to call you at home

Check here if ok to call you at work

Check here if ok to leave a message at home

Check here if ok to leave a message at work

Is there anything I need to know about contacting you at these numbers? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

What information can I give this person? \_\_\_\_\_

Occupation \_\_\_\_\_ Current Workplace \_\_\_\_\_

Payment: \_\_\_\_\_ Insurance (\$150 for a 60-minute individual session) Co-pay \_\_\_\_\_

\_\_\_\_\_ Self-pay (\$75 for 60-minute individual session)

Insurance Company \_\_\_\_\_

Insurance Address \_\_\_\_\_

Group # \_\_\_\_\_ Insured's ID# \_\_\_\_\_

Insured's Name (if different from above) \_\_\_\_\_

Insured's Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

I agree to the release of any clinical information requested by my insurance company to authorize sessions or payment. I understand that my therapist values my confidentiality and will make reasonable efforts to disclose the minimum amount of information necessary. I accept that the final responsibility for payment is mine.

Client signature \_\_\_\_\_

Date \_\_\_\_\_

### **Client Information Form**

Thank you for taking the time to share this information with me. It will help me to support you and your growth. Your answers will be kept confidential. You will not be judged or diagnosed by your answers. Fill out only the parts that feel comfortable to you. If a question seems difficult, return to it later or leave it blank. Feel free to add any other information you think might be useful.

#### **About therapy...**

What brings you to therapy now?

What have you tried to solve this issue? How helpful was it?

How do you hope I might help?

How do you hope your life will be different after therapy?

Have you seen a counselor or therapist before? If so, who? How was it for you?

#### **About your health...**

How is your physical health? (Please include chronic conditions.)

How well do you sleep?

How do you feel about what and how you eat?

What kind of exercise do you get, and how often?

Please list any other health care practitioners you are working with, including your primary care provider.

Please list any medications, supplements, homeopathics, herbs, etc. you are taking.

Please list any significant accidents, surgeries, or hospitalizations with date/year.

Have you ever felt or acted suicidal, or do you now? Please explain.

Would your family, friends, or acquaintances say you have a problem with alcohol or the use of other substances?

What, if any, is your present use of alcohol or other substances?

**About your relationships...**

How would you describe your circle of friends?

Who lives in your household? (# of people/ages/relationships) How well does this arrangement work for you?

Are you currently in a primary relationship? If so, for how long? Describe the quality of this relationship at this time.

In your current relationship, or in any previous relationships, have you ever felt threatened, been physically harmed, or put down or talked to in any other way that was hurtful or frightened you? Please give as much detail as you are comfortable with.

Are there any current legal involvements going on in your life?

**About your history...**

Is there anything that troubles you about your childhood?

Is there anything in your sexual history that disturbs you?

Is there any history of substance abuse, sexual or physical abuse, or mental illness in your family?

How is your ethnic or cultural heritage important to you, if at all?

Briefly describe your past employment and/or volunteer activities.

What is important to you about your educational history?

**About your resources...**

Please describe the strategies, both helpful and not so helpful, that you most often use for coping with stress.

Please describe your spiritual practices/beliefs.

What do you do for fun?

Is there anything else I have not asked you about that you would like me to know?

Who referred you to me or how did you find out about me? \_\_\_\_\_

May I thank the referral source? \_\_ Yes \_\_ No

**Again, thank you for taking the time to provide this information.**