

CLIENT INFORMATION



NAME: _____ DOB: _____

ADDRESS: _____

PHONE NUMBERS:

Home: _____ Work: _____ Cell: _____

IMPORTANT: Which number is secure and can hold confidential messages? _____

Email: _____

Occupation: _____ Employer: _____

Education level: _____

Emergency contact: _____ Phone: _____

Who referred you to Tedd Taskey: _____

CURRENT FAMILY LIFE:

Marital Status (circle all that apply): Married Single Separated Divorced (x ____) Widowed Widower
living with partner recently split common law marriage

Spouse/sig other: _____ Age: _____ How long together: _____

Children: _____ Age: _____ Biological / Step / Adopted / Living with

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Other: _____ Age: _____ Relationship: _____

Other: _____ Age: _____ Relationship: _____

Please list any other details about living arrangements which may be important to know (previous marriages, etc):

FAMILY OF ORIGIN:

Mother: _____ Age or deceased: _____

Occupation: _____

Health: _____

Her parenting style and methods of discipline: _____

3 positive descriptions:

3 negative descriptions

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

Father: _____ Age or deceased: _____

Occupation: _____

Health: _____

His parenting style and methods of discipline: _____

3 positive descriptions:

3 negative descriptions

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

Siblings:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Important notes about your childhood:

YOUR HEALTH:

Your primary care doctor: _____

Phone: _____

Your last checkup: _____

Your overall health: _____

List current medications: _____

Drinking habits: _____

Smoking habits: _____

Recreational drug use: _____

Medical history (please check all that apply):

Condition	you	partner	child	sibling	parents
Anxiety					
Alcoholism/Drugs					
Anger/Rage					
Depression					
Eating Disorder					
Emotional abuse					
Food Addiction					
Obsessive Compulsive					
Physical abuse					
Rape					
Spending/Gambling					
Sex addiction					
Sexual Abuse					
Sleep Disorders					
Violence					
Workaholism					

Please list any other medical/emotional conditions for yourself and/or your family:

The reasons you are seeking counseling:

Counseling will be successful when: _____
