

CLIENT INFORMATION FORM

Relationship Institute

www.relationship-institute.com

(248) 546-0407

Please answer the following questions as completely as possible.

1. Name: _____ Date: _____

2. Address: _____ City: _____

Zip Code: _____

3. Phone: (Home) _____ (Work) _____

Email Address: _____

Referred by: _____

4. Date of Birth: _____ 5. Age: _____

6. City and State of birth: _____

7. Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Their Relation to You: _____

8. What one word best describes your childhood? _____

9. Briefly describe your relationship with your mother,

a) while growing up:

b) now:

10. Briefly describe your relationship with your father,

a) while growing up:

b) now:

11. List your brothers and sisters, their ages and current state of residence:

<u>Name</u> _____	<u>Relationship</u>	<u>Age</u> _____	<u>State Lives in...</u>
1.			
2.			
3.			
4.			
5.			
6.			

12. Please indicate your current living situation:

____ Living Alone
____ Living with Spouse
____ Living with Spouse and Children
____ Living with Significant Other
____ Living with Roommate
____ Other (please describe):

13. List your spouse (or significant other), your children and their ages:

<u>Name</u> _____	<u>Relationship</u>	<u>Age</u>
1.		
2.		
3.		
4.		
5.		
6.		

Client Contract #: _____

14a. If you are coming to the Relationship Institute due to relationship issues as a couple, how would you rate your current relationship on the following dimensions? 1 = Very Unsatisfied through 5 = Very Satisfied

Communication - Listening/Understand Each Other

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Communication - Ability to Resolve Problems or Conflicts

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Amount and Quality of Non-Sexual Affection

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Your Sexual Relationship

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Ability as a Couple to Work Together on Financial Issues

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Ability as a Couple to Work Together as Parents (*leave blank if not Applicable*)

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Ability as a Couple to Let Go of Past Resentments or Hurts

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Amount of Fun and Play You Have as a Couple

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Honesty and Trust in the Relationship

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

How Emotionally Close or Connected You Feel in Your Relationship

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

Appreciation You Feel from Your Partner

(1 = Very Unsatisfied) 1 2 3 4 5 (5 = Very Satisfied)

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14b. Please indicate your current relationship status (check all that apply):

Married

Divorced

If divorced: How many times have you been married? _____

If more than 1 marriage, what was the date of your most recent divorce? _____

Separated

Widowed

Never Married

Living Together

Dating More Than One Person

Dating One Person

Not Dating Anyone At the Present Time

Please add anything else you want to convey about your present relationship situation:

15. Education: Highest degree earned: _____ Major: _____

Do you have any plans to return to school? _____ If so, what type of schooling might you be interested in?

16. If Employed, Who is Your Employer? _____

What is your job position? _____

If not currently employed, what is your Main Life Activity?

If in school, what school you are currently attending? _____

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What is your ultimate job/life fantasy?

17. Describe the quality of your sleep at night:

18. How has your appetite for food been lately?

19. Have your eating patterns or your body weight ever been a concern for you? _____ If so, please describe:

20. Describe the amount and type of physical activity or exercise that you engage in on a regular basis:

21. How would you rate the level of stress that you are currently experiencing on a daily basis?

(1 = no stress, 10 = constant, severe stress): _____ If there is something in particular that you feel is responsible for the stress in your life at this time, please describe:

22. Have any aspects of your sexuality ever been a cause of concern for you? _____ If so, please describe:

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23. Have you ever experienced any physical or sexual abuse? _____ If so, please describe:

24. Have you ever had seizures or epilepsy? _____ If so, please describe:

25. Please list any allergies you have, or any adverse reactions (if none, write "None"):

26. Please list any medications you are currently taking with the reason you are taking them:

27. Have you smoked cigarettes in the past? _____ Are you currently smoking? _____

If so, how many packs a day? _____

28. When was the last time you drank any alcohol? _____ How much did you drink at that time? _____ How often do you drink alcohol? _____

How much alcohol do you usually drink when you do drink? _____

Has anyone ever expressed a concern about your drinking? _____ If so, who? _____

What was their concern? _____

29. Have you ever used marijuana? _____ If so, how often?

_____ Date you last used marijuana? _____

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30. Have you ever used cocaine? _____ If so, how often? _____
Date you last used cocaine? _____

31. Please list any other prescription or non-prescription drugs you have ever used in the past or present:

32. Do you have any family members or significant others who now have or once had a problem with alcohol or drugs? _____ If so, who? _____

33. Are you currently having, or have you ever had any legal problems? _____ If so, please describe:

34. Are you currently having, or have you ever had any problems related to money, spending, gambling, credit cards or finances? _____ If so, please describe: _____

35. Have you ever been depressed for a significant length of time? _____ If so, please describe: _____

Have you ever had suicidal or homicidal thoughts? _____ If so, please describe:

36. Have you ever experienced strong feelings of anxiety or panic? _____ If so, please describe:

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37. Have you ever been hospitalized for mental health or substance abuse treatment? _____ If so, please list date(s) and hospital(s): _____

38. Do you have any current medical problems? _____ If so, please describe: _____

39. How would you describe your social network of friends and acquaintances? _____

40. Have you ever had significant personal growth experiences in the form of special trainings, workshops or related experiences? _____ If so, please describe: _____

41. Is there any spiritual/religious/philosophical tradition(s) or teaching(s) which have had a significant effect on your life, now or in the past? If so, please describe: _____

42. What are your greatest strengths, talents and resources? _____

43. What are your favorite leisure activities? _____

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44. Any previous therapy? _____ Dates and length of treatment?
_____ Was therapy helpful? _____

Why or why not? _____

45. What brings you to therapy at this time? _____

46. What do you hope to get out of therapy? _____

47. Anything else you would like to add? _____

*Thank you for filling out this form.
Your responses will help us determine the best course of treatment for your situation.*

Therapist Signature

Date

Client Contract #: _____