

# CLIENT INFORMATION FORM

*Relationship Institute*

[www.relationship-institute.com](http://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:

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b) now:

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10. Briefly describe your relationship with your father,

a) while growing up:

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b) now:

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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):

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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:

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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?

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16. If Employed, Who is Your Employer? \_\_\_\_\_

What is your job position? \_\_\_\_\_

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

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If in school, what school you are currently attending? \_\_\_\_\_

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What is your ultimate job/life fantasy?

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17. Describe the quality of your sleep at night:

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18. How has your appetite for food been lately?

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

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

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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:

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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): \_\_\_\_\_

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

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

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

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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: \_\_\_\_\_

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

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43. What are your favorite leisure activities? \_\_\_\_\_

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Client Contract #: \_\_\_\_\_

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 #: \_\_\_\_\_