

# Linda Barnes, M.Ed., LPC

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## CLIENT INFORMATION FORM

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policy form. If you do not desire to answer any question, merely write "Do not care to answer." Please print or write clearly.

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_ DATE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: H : \_\_\_\_\_ W: \_\_\_\_\_ FAX: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE : \_\_\_\_\_ PLACE: \_\_\_\_\_

OCCUPATION (former, if retired): \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

PERSON AND PHONE NO. TO CALL IN EMERGENCY: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PRESENTING PROBLEM (Be as specific as you can: when did it start, how does it affect you...?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate the severity of the above problem: Mild \_\_ Moderate \_\_ Severe \_\_ Very severe \_\_

CURRENT: Marital status: \_\_ Live with someone: \_\_ Name: \_\_\_\_\_ Years: \_\_

PAST & PRESENT MARRIAGE/S (Tell me a little about your relationship with your spouse/partner, how long together, nature of relationship):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT SPOUSE/PARTNER: Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

CHILDREN/STEP/GRAND (names/ages & brief statement of your relationship with the person)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, brief statement about your relationship and how you were treated):

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step-parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIBLINGS (name/age, if deceased: age and cause of death & brief statement about the relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

MEDICAL DOCTOR/S (name /phone): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current MEDICATIONS and condition being treated. PRINT clearly:

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PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

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SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

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FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc):

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FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

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PAST/PRESENT PSYCHOTHERAPY: Provide some details about reasons for therapy, how long therapy continued, with overall perception of results, how long since therapy ended.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents/siblings/others, school integration, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

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IF PARENTS DIVORCED: Your age at the time of the divorce: \_\_\_\_\_

Describe how it affected you at the time: \_\_\_\_\_

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FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

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What gives you most joy or pleasure in your life:

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What are your main worries and fears:

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What are your most important hopes or dreams:

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Please add any additional information you feel would be beneficial for me to know about your situation. In order for us to achieve the best results from the therapy sessions, it is critical that we communicate at the highest level of trust and openness, so please keep this in mind as you share details about your current and past relationships. If you need additional space, use the reverse side of these pages.