

## CLIENT BACKGROUND INFORMATION

Please provide some background information with the understanding that it will become a part of your record and it will help me gain a better understanding of you. Please answer each item, or write N/A if the item is not applicable.

### Registration Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone  
Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Next of kin or person who can be contacted in case of emergency:

Name	Relationship	Phone
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### Family Background

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Father (age): \_\_\_\_\_ Mother (age): \_\_\_\_\_

Siblings Brothers (ages): \_\_\_\_\_ Sisters (ages): \_\_\_\_\_

Step-Brothers (ages): \_\_\_\_\_ Step-Sisters (ages): \_\_\_\_\_

Legal  
Status  Single  Married  Separated  Divorced  Widowed

If married, how long have you been married? \_\_\_\_\_

Name of Spouse or Partner: \_\_\_\_\_ Age: \_\_\_\_\_

Children Sons (ages): \_\_\_\_\_ Daughters (ages): \_\_\_\_\_

Step-Sons (ages): \_\_\_\_\_ Step-Daughters (ages): \_\_\_\_\_

Who is currently living in your household? \_\_\_\_\_  
\_\_\_\_\_

**Vocational Background**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How long have you worked for your present employer? \_\_\_\_\_

Current job title or description: \_\_\_\_\_

Previous employer: \_\_\_\_\_

How long did you work for your previous employer? \_\_\_\_\_

Previous job title or description: \_\_\_\_\_

Career goals: \_\_\_\_\_

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

**Educational Background**

Graduate: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

High School: \_\_\_\_\_ Diploma: \_\_\_\_\_ Year: \_\_\_\_\_

**Military Background**

Branch: \_\_\_\_\_ Enlistment: \_\_\_\_\_ Discharge: \_\_\_\_\_

Highest Military Rank: \_\_\_\_\_

**Legal History**

List the dates and details of any history of arrests, legal problems, or any legal problems pending:

DUIs: \_\_\_\_\_

Arrests: \_\_\_\_\_

Legal Problems: \_\_\_\_\_

Legal Problems Pending: \_\_\_\_\_

**Medical Background**

Physician: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

List any medical conditions that you have had and dates they were diagnosed: \_\_\_\_\_

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List any surgical operations that you have had and dates they were performed: \_\_\_\_\_

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List any psychiatric hospitalizations that you have had and dates you were hospitalized: \_\_\_\_\_

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List any allergies or adverse reactions to medications: \_\_\_\_\_

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List any medications (including over-the-counter medications) that you take: \_\_\_\_\_

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List any substances (including tobacco and alcohol) that you use: \_\_\_\_\_

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List any illegal drugs or substances that you use: \_\_\_\_\_

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Approximately how many drinks of alcohol do you drink in a week? \_\_\_\_\_

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**Counseling Background**

Have you ever been in counseling or therapy before? \_\_\_\_\_

If so, when, with whom, and for what reasons were you in counseling or therapy? \_\_\_\_\_

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

What is the reason that you are seeking counseling or therapy at this time? \_\_\_\_\_

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

What values do you consider most important in your everyday life? \_\_\_\_\_

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

**Religious/Spiritual Background**

What was the religious background in which you were raised? \_\_\_\_\_

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

What is your current religious affiliation? \_\_\_\_\_

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

How important is spirituality to your everyday life? \_\_\_\_\_

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

**Other Information**

Please provide any other information that you think would be important: \_\_\_\_\_

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

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

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date