

Client Information

Instructions

Please read and complete the following paperwork carefully. If there is any part you do not understand or if you feel you need more clarification, please ask and I can provide further explanation.

Basic Information

Legal Name: _____ Preferred Nickname: _____

Age: _____ Date of Birth: _____ Social Security: _____

Parents (If Minor) Mother: _____ In home? _____

Indicate who has legal custody. Father: _____ In home? _____

Other Guardian: _____ Relationship: _____

Street Address: _____ City/State/Zip: _____

Phone Numbers: Cell: _____ Home: _____

email: _____

Emergency Contact: _____ Relationship: _____

Phone Numbers: _____

Address: _____

Goals for Therapy

What is your main reason for coming to therapy? _____

Have you ever been in therapy before? If yes, how was it for you? _____

How do you think therapy might be helpful for you, your relationship, or your child? _____

What do you hope to gain from therapy? _____

What are your main goals for therapy? _____

Current Relationships

Who lives in your household?

_____ Name	_____ Relationship to Client	_____ Name	_____ Relationship to Client
_____ Name	_____ Relationship to Client	_____ Name	_____ Relationship to Client
_____ Name	_____ Relationship to Client	_____ Name	_____ Relationship to Client

Other important people who do not live with you (parents, siblings, relatives, friends):

Please Check any current or past issues that are affecting you.

Depression _____	Grief/Loss _____	Anxiety/Stress _____	Fears/Phobias _____
Childhood Abuse _____	Academic Issues _____	Work Issues _____	Divorce _____
Sexual Problems _____	Family Issues _____	Parenting Issues _____	Suicidal Thoughts _____
Illness/Pain _____	Spiritual Concerns _____	Eating Disorder _____	Pregnancy Issues _____
Money Issues _____	PTSD _____	Victim of Crime _____	Porn/Sex Addiction _____
Alcohol Abuse _____	Drug Abuse _____	Internet Addiction _____	Other _____

Personal History/Timeline

Please list any significant events from your/your child's life that you think I should be aware of.

<u>Age/Year</u>	<u>Event(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is there anything else you think I should know before we begin working together?

How did you hear about Dr. Rakel Delevi

1. Psychology today
2. Google search/website
3. Referral
4. Other: _____

Was there something about Dr. Rakel Delevi's profile that helped you decide to schedule a session?

***Thank you for taking the time to complete this information.
I believe it will help us decide how to best use your time in therapy.***