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**Client Information Form**

*Your cooperation in completing this questionnaire will be helpful in planning services for you. Please answer each item carefully and ask questions if something is not clear. The information provided on this questionnaire is confidential and will not be released without your permission.*

**Basic Information**

Client Name (yourself or your child)

\_\_\_\_\_

Maiden name (if applicable)

\_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ OK to leave messages? Yes No

Cell/Other # \_\_\_\_\_ OK to leave messages? Yes No

E-mail address (\*please note email may not be confidential) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship Status \_\_\_\_\_

Employment/Occupation (self or parent(s))

\_\_\_\_\_

Income \_\_\_\_\_ Per \_\_\_\_\_  
Insurance \_\_\_\_\_

Religious/Spiritual Affiliation:

\_\_\_\_\_

Highest Level of Education:

\_\_\_\_\_

**Emergency Contact Information**

*In case of an emergency, please list the name, address, and phone number of **two** people that are not in therapy with you that I would be able to contact.*

**Contact #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Address: \_\_\_\_\_ City/State:  
\_\_\_\_\_

**Contact #2:**

Name: \_\_\_\_\_ Relationship:  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Address: \_\_\_\_\_ City/State:  
\_\_\_\_\_

*Please sign below, giving your consent to allow your therapist to contact these individuals in an emergency situation, as deemed so by your therapist.*

Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

*If applicable, please list all family members currently residing in your household:*

<u>Name of Family Members</u>	<u>Age</u>	<u>DOB</u>	<u>Relationship to Client</u>
_____	_____	_____	
_____			
_____	_____	_____	
_____			
_____	_____	_____	
_____			
_____	_____	_____	
_____			
_____	_____	_____	
_____			

How many people live in your home, including yourself? \_\_\_\_\_

**Medical History**

*Please answer the following questions to the best of your knowledge*

Physician \_\_\_\_\_ Approximate Date of Last Visit  
\_\_\_\_\_

Current Medications/Dosages  
\_\_\_\_\_

Significant Medical Conditions  
\_\_\_\_\_

Please list the type and amount of alcohol or drugs used currently:

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Additionally, please describe any past or current problems with alcohol or drug abuse (including attempts to quit or cut down, past treatment, arrests, DUIs, etc.)

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Have you/your child previously received any psychiatric, psychological, and/or counseling help? Yes  
No

If yes, please provide name of provider and services received \_\_\_\_\_

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### Other Relevant Information

If applicable, please provide the name, age, and gender of your current spouse or partner:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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Do you feel safe in your current relationship?

Physically:    Yes    No

Emotionally:    Yes    No

Do your arguments escalate out of control? (circle one)                      Never                      Rarely  
Occasionally                      Very Often

Please list and describe any significant family events you would like for me to know about (i.e., deaths, moves, divorce, etc.):

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Briefly describe your reason for seeking therapy at this time

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Who suggested you contact me?

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**Please circle any of the following concerns you, your child, or your family may be experiencing:**

Nervousness  
Shyness  
Separation/Divorce  
Drug Use  
Anger  
Sleep  
Relaxation  
Legal Matters  
Energy  
Loneliness  
Education/School  
Behavioral Problems  
Temper  
Children  
Toileting  
Other: \_\_\_\_\_

Depression  
Sexual Problems  
Alcohol  
Self Control  
Stress  
Headaches  
Memory  
Insomnia  
Feeling Inferior  
Nightmares  
Appetite/Eating  
Parenting  
Fears  
Suicidal Thoughts  
Finances

Unhappiness  
Work  
Tiredness  
Ambition  
Decision Making  
Concentration  
Health Problems  
Marriage  
Death of Loved One  
Marital Problems  
Stomach Trouble  
Thoughts

Please add any additional information that you feel may be helpful to me:

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*Thank you for completing this questionnaire!*