



### Client Biographical Information

*Please complete as much as possible and bring with you to your first session. All fields with an \* are required. If you do not desire to answer any question, merely write "Do not care to answer."*

**\*DATE:** \_\_\_\_\_

**\*NAME:** \_\_\_\_\_

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

**\*APT #:** \_\_\_\_\_

**\*CITY:** \_\_\_\_\_ **\*STATE:** \_\_\_\_\_ **\*ZIP:** \_\_\_\_\_

**\*TELEPHONE:** \_\_\_\_\_ **\*EMAIL:** \_\_\_\_\_

**\*DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** M F

**\*Social Security Number:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**\*EMERGENCY CONTACT (REQUIRED) Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### REFERRAL SOURCE:

Google                      GoodTherapy.org                      Referral/Friend/Family

Personal Doctor              Psych Today Web

*If you are using insurance please fill out*

**Insurance Carrier:** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_



# Albuquerque Family Counseling

*Rescuing your most important Relationships*

\***PHYSICIAN** (name /phone): \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

**CURRENT: Marital status:**      \_\_\_\_\_ **Married**      \_\_\_\_\_ **Single**  
   \_\_\_\_\_ **Widowed**      \_\_\_\_\_ **Divorced**      \_\_\_\_\_ **Separated**  
   \_\_\_\_\_ **Domestic Partnership**

**Name of Partner:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**FAMILY MEDICAL HISTORY** (Describe any mental or physical illness that runs in the family):

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

\***Specify all MEDICATION** you are presently taking and for what. **PRINT** clearly:

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

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

**Do you have any ongoing or current legal problems?**

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



**\*Any current or previous therapy?**

If yes, when and with whom?

**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 \_\_

**Check the Items Below that Describe or Relate to the Concerns Mentioned Above:**

\_\_\_Anxiety

\_\_\_Anger

\_\_\_Religious Concerns

\_\_\_Grief

\_\_\_Self Esteem Issues

\_\_\_Gender/Identity Issues

\_\_\_Depression

\_\_\_Fear

\_\_\_Self Doubt

\_\_\_Loneliness

\_\_\_Guilt

\_\_\_Suicidal Feelings

\_\_\_Loss of Hope

\_\_\_Loss of Meaning

\_\_\_Loss of Self Respect

\_\_\_Sexual Concerns

\_\_\_Substance Abuse

\_\_\_Relationship Issues

\_\_\_Blended Family

\_\_\_Personal Growth

\_\_\_Marriage/Family Issues

\_\_\_Confusion

\_\_\_Employment

\_\_\_Other