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**Client Information Form**

Today's date: \_\_\_\_\_

Note: If you have been a patient here before, please fill in only the information that has changed.

**A. Identification**

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

**B. Referral: Who gave you my name to call?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

May I have your permission to thank this person for the referral?  Yes  No

**C. Religious and racial/ethnic identification**

Current religious denomination/affiliation  Christian  Catholic  Jewish  Islamic  Buddhist  Hindu

Other (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Which (if any) church, synagogue, temple, or meeting are you involved with? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_ or other similar way  
you identify yourself and consider important: \_\_\_\_\_

**E. Your current employer**

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

Work phone: \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

**F. Emergency information**

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

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

**G. Your education and training**

What is the highest level of school that you have completed? \_\_\_\_\_

Did you ever repeat a grade? If yes, which grade(s)? \_\_\_\_\_

Were you ever in any special classes in school? If yes, what kinds of classes? \_\_\_\_\_

How would you describe your grades in school?

- A. Average
- B. Better than average
- C. Worse than average

Were you ever expelled or suspended from school?

- A. Yes
- B. No

H. Employment and military experiences

Dates From	To	Name of employers	Job title or duties	Reason for leaving
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I. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
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Father

Mother

Brothers

Sisters

Stepparents

Other important  
family members

J. Marital/relationship history

	Spouse's name	Spouse's age at marriage	Your age at marriage	Your age if/when divorced/widowed	Has spouse remarried?
First					
Second					
Third					

K. Significant nonmarital relationship

	Name of other person	Person's age when started	Your age when started
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L. Children Indicate those from a previous marriage or relationship with "P" in the last column.

Name	age	Sex	School	Grade	Adjustment problems?	P?
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M. Chief concern

Please describe the main difficulty that has brought you to see me: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N. Treatment

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No  Yes If yes, please indicate:

When? From whom? For what? With what results? \_\_\_\_\_

2. Have you ever taken medications for psychiatric or emotional problems?  No  Yes If yes, please indicate:

When? \_\_\_\_\_ From whom? \_\_\_\_\_ Which medications? \_\_\_\_\_ For what? \_\_\_\_\_ With what results? \_\_\_\_\_

O. Have you been diagnosed with any medical illnesses/diseases? Are you currently prescribed any medications for these diagnoses? If so, please list.

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P. Relationships in your family of origin.

Please describe the following:

1. Your parents' relationship with each other: \_\_\_\_\_

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2. Your relationship with each parent and with any other adults present: \_\_\_\_\_

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3. Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties: \_\_\_\_\_

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4. Your relationship with your brothers and sisters, in the past and present: \_\_\_\_\_

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Q. Abuse history:

I was not abused in any way.  I was abused.

If you were abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect. E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Effects on you?	Whom did you tell?	Consequences of telling?
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R. Present relationships

1. How do you get along with your present spouse or partner?

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2. How do you get along with your children? \_\_\_\_\_

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3. Your important friends, past and present:

Names	Good parts of relationship	Bad parts of relationship
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S. Chemical use

1. How many cups of regular coffee do you drink each day? \_\_\_\_ How many cups of tea? \_\_\_\_ . How many sodas/pop with caffeine? \_\_\_\_ How many "energy drinks"? \_\_\_\_ How often do you use caffeine doses/pills? \_\_\_\_\_ .

2. How much tobacco do you smoke or chew each week? \_\_\_\_\_

3. How much beer, wine, or hard liquor do you drink each week, on the average? \_\_\_\_\_

8. Are there times when you drink to unconsciousness, or run out of money as a result of drinking?  No  Yes

9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner?  No  Yes If yes, which and when? \_\_\_\_\_

Which drugs (not medications prescribed for you) have you used in the last 10 years? \_\_\_\_\_

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, their effects, etc: \_\_\_\_\_

T. Legal history

1. Are you presently suing anyone or thinking of suing anyone?  No  Yes. If yes, please explain: \_\_\_\_

2. Are you required by a court, the police, or a probation/parole officer to have this appointment?  No  Yes. If yes, please explain: \_\_\_\_\_

3. List all the contacts with the police, courts, and/or jails/prisons you have had. Include all open charges and pending ones.

<u>Date</u>	<u>Charge(s)</u>	<u>Sentence</u>
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6. Are there any other legal involvements I should know about? \_\_\_\_\_

U. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? If yes, please tell me about it here (Can continue on back of paper):