

# CLIENT INFORMATION FORM - ADULT

Colinas Del Bosque  
Bayamon, PR 00968

Lynn Stravecky, Psychotherapist – Individual, Couple & Family

**DOUBLE CLICK ON GREY SQUARES TO MARK  
SAVE THE FORM AFTER EDITING AND SEND AS ATTACHMENT**

<b>Name</b>			
	<b>LAST</b>	<b>FIRST</b>	<b>MAIDEN/OTHER</b>
<b>ADDRESS</b>			
<b>Insurance:</b>	<b>Authorization # _____ NUMBER OF SESSIONS: _____</b>		
<b>Age</b>	<b>DOB</b>	<b>Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Occupation</b>			
<b>Employer</b>		<b>Email address</b>	
<b>Work Phone</b>		<b>Home Phone</b>	
<b>Cell Phone</b>		<b>Social Security #</b>	

### MARITAL STATUS

SINGLE  LIVING TOGETHER  MARRIED  DATE \_\_\_\_\_  
 DIVORCED  DATE \_\_\_\_\_ SEPARATED  DATE \_\_\_\_\_  
 WIDOWED  DATE \_\_\_\_\_

<b>Spouse/Partner's Name</b>		<b>Age</b>	
<b>Name &amp; Ages of Dependents/children</b>		<b>Age</b>	
		<b>Age</b>	
		<b>Age</b>	
<b>In case of Emergency Contact Person Name</b>		<b>Phone</b>	

RELATIONSHIP TO YOU? SPOUSE  MOTHER  FATHER  SIBLING  OTHER \_\_\_\_\_

**CURRENT REASONS FOR SEEKING PSYCHOLOGICAL SERVICES. (CHECK ALL THAT APPLY).**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> DEPRESSION                              | <input type="checkbox"/> ANXIETY/PANIC       | <input type="checkbox"/> STRESS          |
| <input type="checkbox"/> SUICIDAL THOUGHTS                       | <input type="checkbox"/> MARITAL PROBLEMS    | <input type="checkbox"/> FAMILY PROBLEMS |
| <input type="checkbox"/> EATING DISORDER                         | <input type="checkbox"/> ALCOHOL/DRUG        | <input type="checkbox"/> PHOBIAS/FEARS   |
| <input type="checkbox"/> SEXUAL DYSFUNCTION                      | <input type="checkbox"/> CAREER/WORK ISSUES  | <input type="checkbox"/> SLEEP PROBLEMS  |
| <input type="checkbox"/> PHYSICAL/EMOTIONAL/SEXUAL ABUSE         | <input type="checkbox"/> RELATIONSHIP ISSUES |  |
| <input type="checkbox"/> HEALTH PROBLEMS (PLEASE DESCRIBE) _____ |  |  |
| <input type="checkbox"/> OTHER _____                             |  |  |

<b>When did you first notice the problem?</b>	
<b>What do you think caused these difficulties?</b>	

HOW WOULD YOU RATE YOUR CURRENT LEVEL OF DISTRESS? (Check ONE)

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MILD                     |                          |                          | MODERATE                 |                          |                          | SEVERE                   |

DESCRIBE LIFE EVENTS OR CHANGES THAT HAVE OCCURRED IN THE PAST YEAR, I.E., JOB CHANGES, DEATH IN THE FAMILY, CHILD ENTERING/LEAVING SCHOOL, DIVORCE, SERIOUS ILLNESS, FINANCIAL PROBLEMS, ETC	
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<b>List current medications &amp; dosages</b>	
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- PAST **OUTPATIENT** MENTAL HEALTH TREATMENT?  YES DATES \_\_\_\_\_  NO
- PAST **INPATIENT** PSYCHIATRIC HOSPITALIZATION?  YES DATES \_\_\_\_\_  NO
- PAST INPATIENT **ALCOHOL/DRUG** REHABILITATION?  YES DATES \_\_\_\_\_  NO
- FAMILY HISTORY OF ALCOHOL/DRUG PROBLEMS?  NO  YES WHO? \_\_\_\_\_
- FAMILY HISTORY OF MENTAL HEALTH PROBLEMS?  NO  YES HO? \_\_\_\_\_
- FAMILY HISTORY OR SUICIDE OR ATTEMPTED SUICIDE?  NO  YES WHO? \_\_\_\_\_

<b>What do you expect to get out of counseling?</b>	
<b>How would you like your life to be different?</b>	

I understand that counseling is a confidential relationship and that my records cannot be disclosed without my written consent, as protected by law. I understand that Lynn Stravecky is required by state and Federal law to notify proper authorities without my written consent in the case of a threat of suicide, a threat of homicide, suspected child abuse, and spousal abuse. Further, I give my consent for Lynn Stravecky to contact the persons named herein, where I have indicated agreement.

**IMPORTANT NOTE: CANCELLATIONS OR RESCHEDULE LESS THAN 24 HOUR NOTICE WILL BE BILLED A \$50.00 FEE. SIGNING DOCUMENT IS AGREEING TO MY OFFICE POLICY**

<b>Signature of client</b>	
<b>Date</b>	