



Real Life Therapy

3750 Auburn Blvd., Ste. C, Sacramento, CA 95821

Phone: (916) 426-1616 Fax: (866)462-4494

MFC# 39829

Client Information Form

General Information: Form completed by: _____ Date: ____/____/____

Name: _____ DOB: ____/____/____ SSN: _____ - _____ - _____

Gender ID: M F Gender Orientation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Mobile: (____) _____ - _____ Fax: (____) _____ - _____

Email: _____

Do I have permission to email you? Y N

Do I have permission to send Mail to you listed address? Y N

Do I have permission to call and leave messages at your phone(s) number listed above?

Home: Y N Mobile: Y N

Insurance Carrier Information:

Insurance Company: _____ Copay: \$ _____

Policy #: _____ Group#: _____

Address: _____ Phone: (____) _____ - _____

City/State/Zip: _____ Fax: (____) _____ - _____

Insured Name: _____ Relationship: _____ DOB: ____/____/____

Address (if different from client): _____

City: _____ State: _____ Zip: _____

EAP Provider (If applicable): _____ No. Sessions: _____

Authorization Number: _____

If minor, please list parents/legal guardians:

Name: _____ Relationship: _____ Phone: (____) _____ - _____

Name: _____ Relationship: _____ Phone: (____) _____ - _____

Academic Information:

Last/Current School Attended: _____ Highest Grade Completed: _____

Degree Obtained: _____

Current Teacher/School Counselor: _____

Consent to Release/Exchange Info: Yes No

Relationship Status:

Single Married Separated Divorced Widow(er) Domestic Partner living together

Years married/together: _____ Number of times married: _____

Family/Other(s) currently living in the home:

Name: _____	Age: _____	Relationship: _____	In Home	Y	N
Name: _____	Age: _____	Relationship: _____	In Home	Y	N
Name: _____	Age: _____	Relationship: _____	In Home	Y	N
Name: _____	Age: _____	Relationship: _____	In Home	Y	N
Name: _____	Age: _____	Relationship: _____	In Home	Y	N
Name: _____	Age: _____	Relationship: _____	In Home	Y	N

Medical Information

Primary Care Physician: _____ Provider: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Consent to Release/Exchange Info: Yes No

Psychiatrist: _____ Provider: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Consent to Release/Exchange Info: Yes No

Please list any medications and dosages you are taking:

Medication: _____ Dosage: _____ X per day: _____

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(If more room is needed, please use the back of this page: circle MORE)

Employer: _____ Occupation: _____

How long have you worked there? _____ How long in this occupation? _____

Who referred you? _____

Please describe what brings you to counseling at this time.

What do you hope to accomplish through counseling?

What have you already done to deal with the difficulties?

Previous History:

Have you had previous psychological counseling or psychiatric help? Y N
Individual Counseling Y N Group: Y N Couples Y N
Family Y N

If Yes, when and where did you receive counseling, and what were the issues?

Consent to Release/Exchange Info: Yes No

*For patients with any abuse history, I hope and trust that you will provide me with information as you feel comfortable and necessary. Please know that it is important and useful at times for comprehensive treatment.

Please list any significant health problems for which you are being or have been treated for. _____

Are you currently, or have you at any time within the last 12 months been under the care of physician? If so, for what condition(s)? _____

What are your biggest strengths?

What do you do for fun/relax?

Ethnic/Family Culture: _____ Religious Beliefs: _____

Do you exercise? Y N
For how long? _____ How many times per week? _____
What type(s) of exercise? _____

Describe your eating habits and diet?

Have you ever had an eating disorder?

Do you smoke cigarettes? _____ How many per day? _____

Consume Alcohol? _____ How many drinks per day? _____ Week? _____

Use prescribed medications in excess or in dosages other than prescribed? Y N

Use non-prescribed (recreational) drugs? Y N

If yes, what and how often?