



20 N. Barbara St., Suite A, Mt. Joy, PA 17552

CLIENT SELF-REPORT FORM

THE INFORMATION ASKED FOR BELOW IS TO HELP US BETTER UNDERSTAND YOU. PLEASE FILL OUT THIS FORM AS COMPLETELY AS YOU CAN. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

GENERAL INFORMATION

Date: _____
Date of Birth _____ Social Security # _____

Name: _____
Title (Dr/Mr/Mrs/etc) First Middle Last

Address: _____

Phone:(H) _____ (W) _____

Employer/School: _____

Occupation/Grade: _____

Education: (Last grade completed/last degree earned) _____

Religious Preference: _____ Church: _____

Who Referred You To this office? _____

Health Insurance Company: _____

Who Will Be Responsible For Payment? _____

Military Service: _____ Dates: _____

Did You Serve In Combat? Yes No

FAMILY INFORMATION

If Married Or In A Significant Relationship, How Many Years? _____

Spouse Or Partner's Name _____

Previous Marriages Or Significant Relationships (dates, dissolved):

Self-Report Form

Names And Ages Of Children In Order Of Birth				
Name	Age	Sex	Married?	Children?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have Any Children Died? ___ Yes ___ No

If yes, please give details: _____

Father: Name _____ Age ___ Deceased? _____ Age At Time ___ Date _____

Mother: Name _____ Age ___ Deceased? _____ Age At Time ___ Date _____

Parents' Employer (If 18 Or Younger)

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Brothers and Sisters:			
Name	Age	Sex	Deceased (date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Self-Report Form

MEDICAL INFORMATION

Have You Had Previous Therapy? _____ When? _____

With Whom? _____

Are You Presently Seeing Another Therapist? _____

If So, Whom Are You Seeing? _____

Are You Presently On Medication? _____

If So, Which Medication? _____

For What Condition? _____

Prescribed By? _____

CURRENT CONCERNS:

What do you consider your most significant difficulty or problem? _____
