



LiveWell Group
7781 Cooper Road
2nd floor Suite 5
Cincinnati OH, 45242

Client Information Form

Today's date: _____

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

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Social Security #: _____ Home street address: _____

City: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

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

B. Referral: Who referred you to LiveWell Group? Name: _____

Phone: _____ Address: _____

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

C. Chief concern

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

D. Your current employer

Employer: _____ Work phone: _____

Calls will be discreet, but please indicate any restrictions: _____

E. 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: _____

F. Family-of-origin history

1. Is there any mental health or substance abuse history in your family-of-origin? _____

G. Present relationships

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

2. How do you get along with your children? _____

H. Treatment

1. Have you 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?

I. Trauma history:

I have not experienced any trauma. I have had a traumatic experience

If you marked that you've had a traumatic experience please identify further information below:

J. Substance use

1. Think about any and all substances you have used in your past and currently using. Then indicate all the effects it had on you (mental, physical, family, legal, etc.).

K. Medical

1. Starting with your childhood and proceeding up to the present, list *any significant* diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, and any other medical conditions you have had.

2. List medications you are currently taking

L. Legal history

4. Are there any legal involvements I should know about? _____

M. 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 or on another sheet of paper:

This is a strictly confidential patient medical record. Law expressly prohibits disclosure or transfer of this information.