

CLIENT SUPPLEMENTAL INFORMATION

Client Name _____

What are the counseling issues you want to address: _____

Ethnic Background: Asian African American Caucasian Hispanic
 Native American Other: _____

Spirituality

What (if any) was your spiritual upbringing? _____

What (if any) is your current spiritual orientation? _____

What (if any) church/temple/synagogue do you attend? _____

Medical

How many hours of sleep do you average per night? _____

List current medical issues _____

Current Medication Information (continue on back of page if necessary)

Name of Medication	Dosage	Reason for use	Prescribing Physician

Substance Use:

Current alcohol use? _____/week Current Drug Use: _____

Has anyone ever told you they believed you had an issue with alcohol or drug use? Yes No

If yes, please explain: _____

Additional Information

Have you ever had suicidal thoughts, feelings, or attempts? Yes No

If yes, please explain: _____

Have you ever participated in counseling before? Yes No

If yes, please explain: _____

Have you ever been hospitalized for mental health issues? Yes No

If yes, please explain: _____

Do you currently have any homicidal or assaultive thoughts or feelings? Yes No

If yes, please explain: _____

Have you ever been arrested? Yes No

If yes, please explain: _____