

Integrative Psychotherapy Associates, LLC

137 N Oak Park Avenue, Suite 400

Oak Park, IL 60301

(708) 386-8800

CLIENT DATA

Name: _____ DOB: _____ Sex: M F

Address: _____
Street City State/Zip

Home phone no. (_____) _____ Cell phone (_____) _____
OK to contact you there? Y N OK to contact you there? Y N

Email address _____
OK to contact you there? Y N

Occupation _____

Place of employment _____; FT PT

Student/Where _____; FT PT

Address: _____

Work phone no. (_____) _____
OK to contact you there? Y N

Relationship status: _____ Spouse/Partner's name:

Spouses/partner's occupation:

Place of

Employment: _____

Children (name, age, sex):

Former marriages:

Former spouse(s) (name, age, sex):

February 2015

Client Data

Children from former marriages (name, age, sex):

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Source of Referral to IPA or to your therapist:

Address/Phone No. of Source:

You relationship to the source:

Have you ever received mental health treatment before? If so, please list approximate dates, provider name(s) and the issue for which treatment was sought:

1.

2.

3.

Have you ever been hospitalized for psychiatric reasons? Y N

Dates: _____ Facility: _____

Reason: _____

Please list any medications (and dosage) you are currently taking:

How long have you been taking this medication? _____

Prescribing MD: _____

Address: _____ Phone No: _____

Primary care physician: _____

Client Data

Address: _____ Phone No: _____

Significant illnesses, injuries, physical conditions, hospitalizations, etc. in your life (give dates):

Religious/Spiritual Orientation: _____

Church/Synagogue/Other: _____

Is your father living?: Y N Where?: _____ Date of Death: _____

His occupation _____:

Is your mother living?: Y N Where? _____ Date of Death: _____

Her occupation _____

Please list your brothers and sisters (names, ages): _____

Please list other important persons (grandparents, step-parents, step-brothers and -sisters):

Please describe any recent changes in your life or those close to you (marriages, deaths, job changes, divorces, moves, serious illness):

Please state the reasons you are now seeking counseling:

Client Data

Date _____