Randi Smith, LCSW, PhD

licensed clinical social worker
licensed psychologist

Client Information Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email Address: _____ OK to Phone? _____ Text? _____ Email? _____

Emergency contact: _____ #: _____

Place of Employment/Position: _____

Family/Home Information: Please list all family members/others who live in the home with you:

Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ethnic background: _____ Religion: _____

History:
Please list any medical problems: _____

_____

_____

Please list all medications you are currently taking: _____

_____

When was your last physical exam? _____

Have you been a victim of domestic violence? _____ child abuse? _____ sexual assault? _____

Are you currently facing/anticipating involvement in the court system (civil or criminal)? _____

If yes, please describe: _____

_____

Do you drink alcoholic beverages? _____ If yes, how many in an average week? _____

Have you ever thought you had a problem with alcohol abuse/dependence? _____

Do you drink caffeinated beverages? _____ If yes, how many on an average day? _____

Do you smoke cigarettes? _____ If yes, how many on an average day? _____

Do you use recreational drugs? _____ If yes, what kinds? _____

Do you regularly gamble? _____ If yes, do you consider it a problem? _____

What are the concerns that have prompted your appointment with me? _____

_____

_____

_____

Have you tried therapy before? _____ If yes, what was helpful/not helpful? _____

_____

_____

How else have you or others tried to address the concerns that have brought you here? _____

_____

_____

How did you learn about my practice? _____

_____ _____

signature date