Mary Determan MSW, LLC

5757 W. Oklahoma Ave. #203 Milwaukee, WI 53219-4303

Client Information Form

Client Name	
Date of Birth	
Name of Person Completing Form	
Current Date	

Presenting Concerns:							
Primary Reason for Seeking Services: Please check any that are appropriate:							
	Mild	Medium	Severe		Mild	Medium	Severe
Aggression	☐	☐	☐	Hyperactivity	☐	☐	☐
Agitation	☐	☐	☐	Impulsivity	☐	☐	☐
Anger	☐	☐	☐	Irritability	☐	☐	☐
Anxiety	☐	☐	☐	Judgment errors	☐	☐	☐
Appetite change	☐	☐	☐	Loneliness	☐	☐	☐
Change in libido	☐	☐	☐	Loss of interest in activities	☐	☐	☐
Compulsions	☐	☐	☐	Memory impairment	☐	☐	☐
Crying/tearful	☐	☐	☐	Mood swings	☐	☐	☐
Delusions	☐	☐	☐	Obsessions	☐	☐	☐
Depression	☐	☐	☐	Oppositional behavior	☐	☐	☐
Disorientation	☐	☐	☐	Panic attacks	☐	☐	☐
Difficulty getting out of bed	☐	☐	☐	Paranoia	☐	☐	☐
Difficulty making decisions	☐	☐	☐	Phobias/fears	☐	☐	☐
Distractibility	☐	☐	☐	Physical trauma	☐	☐	☐
Eating Disorder	☐	☐	☐	Poor concentration	☐	☐	☐
Elevated mood	☐	☐	☐	Poor grooming	☐	☐	☐
Emotional trauma	☐	☐	☐	Racing thoughts	☐	☐	☐
Excessive energy	☐	☐	☐	Recurring thoughts	☐	☐	☐
Fatigue	☐	☐	☐	Self-mutilation	☐	☐	☐
Grief	☐	☐	☐	Sexual trauma	☐	☐	☐
Guilt	☐	☐	☐	Sleep problems	☐	☐	☐
Hallucinations	☐	☐	☐	Social Isolation	☐	☐	☐
Hearing voices	☐	☐	☐	Substance abuse	☐	☐	☐
Heart palpitation	☐	☐	☐	Suicidal thoughts	☐	☐	☐
Hopelessness	☐	☐	☐	Other:	☐	☐	☐

Suicide Risk Assessment	
Have you ever had feelings or thoughts that you didn't want to live? **If YES, please answer the following. If NO, please skip to the next section.**	☐ Yes ☐ No
Do you currently feel that you don't want to live?	☐ Yes ☐ No
How often do you have these thoughts?	
When was the last time you had thoughts of dying?	
Has anything happened recently to make you feel this way?	
On a scale of 1 to 10, (ten =strongest) how strong is your desire to kill yourself currently?	
Have you ever tried to kill or harm yourself before?	☐ Yes ☐ No
Do you have access to guns? If yes, please explain.	☐ Yes ☐ No

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PAST MEDICAL HISTORY			
Current Medications:			
Drug Name and Dosage	**Doctor**	**When?**	**Why Prescribed?**

Past nonpsychiatric hospitalizations or surgeries: ☐ **N/A**		

PAST PSYCHIATRIC HISTORY		
Prior Outpatient Treatment? ☐ **Yes** ☐ **No If yes, please describe:**		
Reason	Dates Treated	By Whom

Prior Inpatient Treatment (for psychiatric, emotional, or substance abuse disorder)? ☐ **Yes** ☐ **No** **If yes, please describe:**		
Reason	Date Hospitalized	Where

Family Psychiatric History (has anyone in your family ever been treated for any of the following)?								
	Father	Mother	Aunt	Uncle	Brother	Sister	Children	Grandparent
Depression	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Anxiety	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Panic Attacks	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Post Traumatic Stress	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Bipolar Disorder/ Manic Depression	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Schizophrenia	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Alcohol Problems	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Drug Problems	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
ADHD	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Suicide Attempts	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**
Psychiatric Hospitalization	☐	☐	☐ **Maternal** ☐ **Paternal**	☐ **Maternal** ☐ **Paternal**	☐	☐	☐	☐ **Maternal** ☐ **Paternal**

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SUBSTANCE USE HISTORY	
Substance Use Status:	
☐ No history of abuse	☐ Active abuse
☐ Early full remission	☐ Early partial remission
☐ Sustained full remission	☐ Sustained partial remission
Treatment History:	
☐ Outpatient	☐ Inpatient
☐ 12-step program	☐ Stopped on own

Substances Used (check all that apply)

Ever Used?	First use age	Last use age	Currently Used?	Frequency	Amount
☐ Alcohol			☐ Yes ☐ No		
☐ Amphetamines/Speed			☐ Yes ☐ No		
☐ Barbiturates			☐ Yes ☐ No		
☐ Caffeine			☐ Yes ☐ No		
☐ Cocaine			☐ Yes ☐ No		
☐ Crack Cocaine			☐ Yes ☐ No		
☐ Ecstasy			☐ Yes ☐ No		
☐ Hallucinogens (LSD			☐ Yes ☐ No		
Ever Used?	**First use age**	**Last use age**	**Currently Used?**	**Frequency**	**Amount**
☐ Heroin			☐ Yes ☐ No		
☐ Inhalants			☐ Yes ☐ No		
☐ Marijuana			☐ Yes ☐ No		
☐ Methadone			☐ Yes ☐ No		
☐ Methamphetamine			☐ Yes ☐ No		
☐ Painkillers			☐ Yes ☐ No		
☐ Nicotine/Tobacco			☐ Yes ☐ No		
☐ PCP			☐ Yes ☐ No		
☐ Tranquilizers			☐ Yes ☐ No		
☐ Other:			☐ Yes ☐ No		

Trauma History	
Do you have a history of being abused emotionally, sexually, physically or by neglect?	☐ Yes ☐ No
Please describe when, where and by whom:	

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FAMILY BACKGROUND AND CHILDHOOD HISTORY	
Were you adopted?	☐ Yes ☐ No
Where did you grow up?	
List your siblings and their ages:	
Did your parents' divorce?	☐ Yes ☐ No
If so, how old were you when they divorced?	
If your parents divorced, who did you live with?	
Describe your father and your relationship with him:	
Describe your mother and your relationship with her:	
How old were you when you left home?	
Has anyone in your immediate family died?	☐ Yes ☐ No
Who and when?	

Emotional/Behavioral Problems:				
☐ Drug use	☐ Alcohol abuse	☐ Chronic lying	☐ Stealing	☐ Violent temper
☐ Fire setting	☐ Hyperactive	☐ Animal cruelty	☐ Assaults others	☐ Disobedient
☐ Repeats words of others	☐ Not trustworthy	☐ Hostile/angry mood	☐ Indecisive	☐ Immature
☐ Self-injurious threats	☐ Distrustful	☐ Frequently tearful	☐ Extreme worrier	☐ Self-injurious acts
☐ Frequently daydreams	☐ Bizarre behavior	☐ Lack of attachment	☐ Impulsive	☐ Easily distracted
☐ Poor concentration	☐ Often sad	☐ Breaks things	☐ Other:	☐

EDUCATIONAL HISTORY	
Highest Grade completed?	
Where?	
Did you attend college?	
Where?	
Major?	
What is your highest educational level or degree attained	

SOCIO-ECONOMIC HISTORY		
Living Situation:	**Social Support System:**	**Financial Situation:**
☐ housing adequate	☐ supportive network	☐ no current financial problems
☐ homeless	☐ few friends	☐ large indebtedness
☐ housing overcrowded	☐ substance-use based friends	☐ poverty or below-poverty income
☐ dependent on others for housing	☐ no friends	☐ impulsive spending
☐ housing dangerous/deteriorating	☐ distance from family of origin	☐ relationship conflicts over finances
☐ living companions dysfunctional	☐	☐

Relationship History and Current Family:			
☐ married	☐ divorced	☐ single	☐ widowed
☐ in a relationship	☐ children living at home	☐ children living elsewhere	

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Employment:	Legal History:	Military History:
☐ employed and satisfied	☐ no legal problems	☐ never in military
☐ employed but dissatisfied	☐ now on parole/probation	☐ served in military – no incident
☐ unemployed	☐ arrest(s) not substance related	☐ served in military – with incident
☐ coworker conflicts	☐ arrest(s) substance related	☐ currently serving in military
☐ supervisor conflicts	☐ court ordered this treatment	☐ honorable discharge
☐ unstable work history	☐ jail/prison _____ time(s)	☐ other type of discharge:
☐ disabled	☐ total time served:	

Sexual History:		
☐ Straight/heterosexual	☐ lesbian/gay/homosexual	☐ bisexual
☐ transsexual	☐ asexual	☐ unsure/questioning

Cultural/Spiritual/Recreational History	
Cultural identity (ethnicity, religion):	
Describe any cultural issues that contribute to current problems(s):	
Currently active in community/recreational activities?	☐ Yes ☐ No
Formerly active in community/recreational activities?	☐ Yes ☐ No
Currently engage in hobbies?	☐ Yes ☐ No
Currently participate in spiritual activities?	☐ Yes ☐ No