



Great River Psychotherapy Confidential Client Information

Welcome to Great River Psychotherapy. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential (private). If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

I like to be called: _____

Gender _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell number: _____

Age: _____ Birthdate: _____ Birthplace: _____

Education (school name, grade completed): _____

Who do you currently live with?: _____

Do you have family that you visit or do not live with most of the time? (eg a divorced parent, siblings)

Please describe any significant current or past medical problems: _____

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each.

Have you had previous psychological care or counseling? Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g, Nov 06 - Feb 07), and what you worked on in therapy.

Have you ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what brings you into therapy? Are there specific difficulties or issues that you want to talk about or work on in therapy?
