Date: ___________________

CLIENT INFORMATION

Name	Best Phone Number	Alternate Phone Number	Date of Birth
Street Address ☐Own ☐Rent	In case of emergency notify (name, relationship and phone number):		
City State Zip	☐Never Married ☐Living as Married ☐First Marriage ☐Remarried ☐Separated ☐Divorced ☐Widowed		Place of Birth
Email:	Place of Employment		Education
Would you like to be included on the mailing list for occasional newsletters or presentations by Brian? Y / N (Confidential mailing list is not shared with anyone.)	Type of Work		Annual Household Income
If you surfed the Internet to contact Brian, which website? ☐NWTherapyNetwork.com ☐AMHA ☐Google ☐GoodTherapy.org ☐Psychology Today ☐bhfarr.com	Who told you about Brian Farr? May I thank them? Y / N		

Briefly describe the benefits you want from our counseling sessions: ____

____

Your Family / Current Household Members (Spouse/Partner, Children, Step-Children):

Name	Age	Relationship	Grade/Occupation	Living at home?

Your Family of Origin (Mother, Father, Brothers, Sisters, Step-Siblings):

Name	Age	Relationship	Occupation	Living within 50 miles?

Who took care of you during the first five years of your life?	Age when you left home? Reasons for leaving?
What was your childhood religion and/or sense of spirituality?	Military Service? Approximate Dates? Combat Duty?
Current physical problems or complaints?	How much do you consume in an average day? Caffeine: Alcohol: Tobacco:
Current prescription medications?	Have you seen another psychotherapist in the past two years? Name(s)?

Please check ☐ your current concerns and underline your historical issues. When was your most recent physical exam? ___________

☐Fatigue ☐Grief/Loss ☐Feelings of Hopelessness ☐Crying Spells ☐Depression ☐Thoughts of Hurting Yourself ☐Suicidal Thoughts

☐Anxiety ☐Excessive Energy ☐Anger ☐Feeling Out of Control ☐Unusual Weight Gain/Loss ☐Survivor of Emotional or Physical Abuse/Trauma

☐Addictive Behaviors ☐Drug Abuse ☐Sexual Activity ☐Sleeping Too Much or Too Little ☐Diabetes ☐Thyroid ☐Headaches ☐Seizures

☐Personal Finances ☐Bankruptcy ☐Other: