Date:

Jay W. Pruiett, LCSW-R

95 Allen's Creek Road, Suite 232, Bldg. #2
Rochester, NY 14618, (585) 350-8900

CLIENT INFORMATION

The following information will be helpful to me in our work together. Please complete all sections as best as possible. All information is strictly confidential.

Name: _____
Last Middle First

Address: _____

_____

May I contact you here? Leave a message?

Home Phone: _____ □□ YES NO YES □□ NO

Cell Phone: _____ □□ YES NO YES □□ NO

E mail: _____ □□ YES NO YES □□ NO

Level of Education: _____

In case of emergency, who would you like me to contact?

Name: _____
Phone: _____
Relationship to you: _____

Relationship Status (Check):
_____ Single
_____ Married
_____ Partnered
_____ Divorced
_____ Separated
_____ Widowed

Spouse/Partner's First Name: _____
Years in Relationship: _____

Children (Please list gender and age for each child): _____

_____

Family Physician: _____ Phone: _____

Please list any significant current or past medical problems: _____

_____

_____

List any medications (prescription and over-the-counter) you are currently taking, and the dosage for each one: _____

_____

_____

_____

Have you had previous psychological counseling or care? YES □□ NO

If YES, please list the name of clinician(s), dates of service, and the nature of the difficulty at the time:

_____

_____

_____

Have you ever been hospitalized for a psychological difficulty? □□YES

□□ NO

If YES, please list the dates, and the nature of the difficulty at the time:

_____

_____

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this as much or as little as you want:

_____

_____

_____

_____

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_____

Therapy can be a powerful force for change. In order for therapy to be most effective, it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. Please feel free to list more than one goal if you wish:

_____

_____

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