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Client Personal Data Questionnaire

Please take a few moments to answer the following questions.

Name: _____ Today's Date: _____

Address: _____ Zip: _____

Home Phone: _____ Work or Cell: _____ Email: _____

Date of Birth: _____ Ethnic Origin: _____

Gender: Female Male Transgender Other: _____

Sexual Orientation: Lesbian Gay Bisexual Heterosexual Not Sure

Employer: _____ unemployed

Title/Position: _____

Emergency Contact? _____ Phone: _____

How did you find out about my services? _____

PRESENTING SITUATION:

Briefly describe the problems or issues that brought you to see me?

Briefly, what are your goals in counseling? How will you know if our sessions are helping?

Are there times when your problems seem less troublesome? If so, what is different about those times?

PSYCHIATRIC HISTORY (previous therapy, hospitalizations, medications, substance abuse):

Family History Significant For:

BIPOLAR DISORDER SCHIZOPHRENIA ALCOHOLISM
 DEPRESSION EATING DISORDER DRUG ABUSE
 ANXIETY/PANIC OTHER: _____

COMMENTS (who in the extended family, etc): _____

MEDICAL HISTORY:

Current Medications: _____

Major Illnesses/Hospitalizations/Injuries/Operations: _____

Physician's Name (Family or General Practitioner): _____

Psychiatrist's Name (If Applicable): _____

SUBSTANCE USE & COMPULSIVE BEHAVIORS:

Please describe your PAST use of alcohol, marijuana, cocaine, hallucinogens, heroin, tranquilizers, opiates, inhalants, prescription drugs, barbiturates, amphetamines, and/or tobacco:

Please describe your CURRENT use of alcohol, marijuana, cocaine, hallucinogens, heroin, tranquilizers, opiates, inhalants, prescription drugs, barbiturates, amphetamines, and/or tobacco:

Are you concerned about your substance use? Y N

Have you ever attended AA, NA, Alanon, or any other 12-Step Program? _____

History of compulsive eating, sex, gambling, spending, exercise, etc: _____

SOCIAL HISTORY

Family of Origin History

(overall quality/communication/parenting styles/major family stressors/deaths/health/financial/etc)

Education/School

(gifted/learning disability/ADHD/repeated grades/multiple school changes/conduct/etc)

Work History

(job changes/losses/problems with authority figures/coworkers/litigation/etc)

Relationships

Are you currently in a relationship? Y N How long? _____

(break ups/divorce/deaths/conflict/violence/abuse/children/health/communication/overall quality)

Friendships/Support System

(social network/community involvement/leisure activities/socio-cultural adjustment/immigration/etc)

History of Abuse None _____ Yes _____

(physical/sexual/emotional/verbal/neglect/abandonment – who, what, when & where?)

Legal Problems None _____ Yes _____

(arrests/child custody/inheritance/probation/DWI/fraud/incarceration/other)

Military History None _____ Yes _____

(moves/discharge status/relationship with peers/authority figures/traumatic experiences/injuries/etc)

Financial Problems None _____ Yes _____

(poverty/bankruptcy/money management problems/interpersonal conflicts due to money/credit/etc)

Sexual Concerns None _____ Yes _____

(dysfunction/dis-inhibition/pregnancy/abortion/infertility/identity issues/trauma/abuse/orientation/etc)

Religious/Spiritual Concerns None _____ Yes _____

(loss of faith/conflict of values/changing beliefs/inter-faith relationships/rejection by church/other)

STRENGTHS AND RESOURCES

Please describe any personal qualities, relationships, or other factors that are positives in your life:

SUICIDE RISK

Check any that apply:

- ___ 1. Previous suicide attempt
- ___ 2. Feel helpless
- ___ 3. Wish to die
- ___ 4. Desire to make suicide attempt
- ___ 5. Persistent thoughts of killing self
- ___ 6. Specific plan
- ___ 7. Method to hurt self is available
- ___ 8. Suicide note begun or completed
- ___ 9. Lack of control over thoughts of death
- ___ 10. Inability to see alternatives to suicide
- ___ 11. Will not sign “No Harm” contract

Suicide Risk Level Guidelines

RISK LEVEL	CHECKLIST REFERENCE	CLIENT EXAMPLES
Level 1	No above items are present	Client has no suicide symptoms
Level 2	Only items 1 or 2 above are present	Client feels helpless or has past attempt, but not actively suicidal
Level 3	Any items 3-9 are present, but not 10 or 11	Client has active suicidal thoughts, but can see alternatives to suicide and will sign a “No Harm” contract
Level 4	Items 10 or 11 above are present	Client shows clear intent to follow through with a suicide plan and will not sign “NO Harm” contract

Is there anything else you wish to communicate with me as your therapist?

Client’s Signature

Today’s Date