

## ***Affinity Counseling Center, LLC***

### Client Information - Adult

Name of Client: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Occupation: \_\_\_\_\_ Currently Employed: Y / N

Please indicate which of the numbers you provide below is the best for us to leave messages regarding your appointments: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Ok to email you \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_

Significant others currently living with you:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### **Insurance Information (if applicable):**

Insurance Company: \_\_\_\_\_

Insurance Policy Number/Group Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Employer: \_\_\_\_\_

### **EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to this office \_\_\_\_\_

Physician: \_\_\_\_\_

Current medications/herbs/vitamins: \_\_\_\_\_

Any serious medical conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Psychiatric Treatment (practitioner, year, type of treatment, and medication): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Stresses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for seeing therapist (primary issue): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please indicate if you have had any of these experiences in the past 3 months**

Depressed mood		Sleep disturbance	
Loss of interest		Panic attacks	
Loss of pleasure		Excessive muscle tension	
Excessive fatigue		Excessive nervousness	
Loss of appetite		Difficulty breathing/smothering	
Thoughts of self harm		Feeling very slowed down	
Thoughts of harming others		Dizziness/Faintness	
Trouble concentrating		Tremors	
Weight gain		Sweating	
Weight loss		Tingling/Numbness	
Agitation		Flushes/Chills	
Feelings of unreality		Fear of losing control	
Inappropriate elation		Hallucinations (seeing or hearing things)	
Inappropriate irritability		Suspiciousness of several people	
Grandiose notions		Overly rapid/Skipping heartbeat	
Increased pressured speech		Difficulty remembering/Mind going blank	
Disconnected, racing thoughts		Unwanted recurrent persistent thoughts	
Markedly increased energy		Repetitive behavior or mental acts that you feel driven to perform	
Distractibility		Behaviors or thoughts aimed at warding off some dreaded event	
Impulse control problem		Confusion	
Low self-esteem		Wide mood swings	
Nervous habits			
Social withdrawal			