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Adult Client Information Form

A. Identification

Name: _____ D.O.B: ___/___/___ Date: ___/___/___

B. Treatment history

Have you ever received inpatient or outpatient psychological, psychiatric, drug/alcohol treatment, medications, or counseling services before? No Yes. If yes, please describe:

When (dates)?	For what (diagnosis)?	What kind of treatment?	Where or from whom?	With what results?

Has any relative had inpatient treatment for a psychiatric, emotional, or substance use disorder? No Yes. If yes, please describe:

Name/relationship	For what (diagnoses)?	What kind of treatment? Where or from whom?	When (dates)?	With what results?

What concern(s) bring you into counseling _____

On scale of 1 to 10, indicate stress level of problem _____

What medications, herbs, or supplements are you taking for mental, emotional, or psychiatric conditions?

Name of medication	For what condition?	Who prescribes this?	What have been the effects on you?

Current Psychiatric Care

Are you currently seeing a psychiatrist? _____ If yes, please list who _____

Do they know you are seeing me? _____

If No, can they be informed? _____

Medical

Primary Care Physician _____

Phone _____

Date of last visit _____

Are they aware you are seeking counseling? _____

Current medical problems, if any _____

Please indicate any significant family medical history _____

C. Relationships in your family of origin

Please describe the following:

1. Your parents' or stepparents' relationship(s) with each other: _____

2. Your relationship with each parent and with any other adults present when you were growing up: _____

3. Your parents' physical health problems, drug or alcohol use, and mental or emotional difficulties: _____

4. Your relationship with your brothers and sisters (or stepsiblings), in the past and present: _____

D. Abuse history

Note: Please be aware as you answer these questions that if I suspect there is a risk of abuse, I have to report it. You may leave this section blank for discussion later.

- I was not abused in any way. I may have been abused in some way.
- I was abused. Please indicate the following. For kind of abuse, use these letters: P = physical, such as beatings; S = sexual, such as touching/molesting, fondling, or intercourse; N = neglect, such as failure to feed, shelter, or protect; E = emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom? Intimate partner? Relative? Sibling? Other (specify)?	Effects on you?	Whom did you tell?	Consequences of telling?

E. Chemical use

- 1a. How many caffeine drinks (coffee, tea, colas, energy drinks, etc.) do you use each day? _____
- 1b. How often each week do you use medications (prescription or over-the-counter) or chemicals to be more alert or sharper? _____
- 2a. How much tobacco do you smoke or chew each week? Amount: _____ Kind: _____
- 2b. Do you use vapor or e-cigarettes? No Yes. How many per week? _____
3. How many drinks of beer, wine, or hard liquor do you consume in a typical week? _____
4. Have you ever felt the need to cut down on your drinking? No Yes
5. Have you ever felt annoyed by criticism of your drinking? No Yes
6. Have you ever felt guilty about your drinking? No Yes
7. Have you ever taken a morning "eye-opener"? No Yes
8. Did you ever drink to unconsciousness, or run out of money because of drinking? No Yes
9. Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner? No Yes. If yes, which and when? _____
10. Which drugs (not medications prescribed for you) have you used in the last 10 years? _____

11. Do you think that you have a drug or alcohol problem? No Yes

F. Legal history

1. Are you presently being sued, suing anyone, or thinking of suing anyone? No Yes. If yes, please explain: _____

2. Is your reason for coming to see me related to an accident or injury? No Yes. If yes, please explain: _____

3. Are you required by a court or probation/parole officer to have this appointment? No Yes. If yes, please explain: _____

4. List all the contacts with the police, courts, and jails/prisons you have had. Include all open charges and pending ones. Under "Jurisdiction," write in a letter: F = Federal, S = State, CO = County, Ci = City. Under "Sentence," write in the *time* and the *type* of sentence you served or have to serve: CD = Charges Dropped, AR = Accelerated Release or Alternative Resolution, CS = Community Service, F = Fine, I = Incarceration (jail or prison), PR = PRobation, P = Parole, R = Restitution, O = Other.

Date	Charge/arrest	Jurisdiction	Sentence Time Type	Probation/parole officer's name

5. Your current attorney's name: _____ Phone: _____

6. Have you ever declared bankruptcy? No Yes. If yes, when: _____

7. Have you had any other legal involvements? No Yes. If yes, please explain: _____

G. Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? No Yes. If yes, please tell me about it here or on another sheet of paper:

Please do not write below this line.

Follow-up by clinician

Risks

1. SI _____

2. HI _____

3. Self Harm _____

4. DV / Abuse _____

Based on the responses above and on interview data records I reviewed other information: _____, I have requested the client to complete and/or I have completed the following forms:

Chemical use Risk assessment MSE Other: _____

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.