

Client Information

Demographics:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Married: Y/N \_\_\_\_\_ Divorced: Y/N \_\_\_\_\_ Separated: Y/N \_\_\_\_\_

Partner/Spouse name: \_\_\_\_\_

Children (Names and ages): \_\_\_\_\_

\_\_\_\_\_

Who do you reside with and please describe your relationships with individuals in the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work History

Current Employment: \_\_\_\_\_

\_\_\_\_\_

How long? \_\_\_\_\_

Please describe your relationships with co-workers/employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been fired from a job (if Yes please note reason)? \_\_\_\_\_

\_\_\_\_\_



**Maura D. Sullivan, Psy.D**  
**Licensed Psychologist**

Please list any substances used by father during pregnancy: \_\_\_\_\_

\_\_\_\_\_

Please list places lived during childhood with dates and locations included: \_\_\_\_\_

\_\_\_\_\_

Please list any significant relationships you experienced such as friends, teachers or extended family members: \_\_\_\_\_

\_\_\_\_\_

Please list any traumatic experiences that you or your family have undergone, include impact of that experience on you/your family: (include physical/sexual/emotional abuse, witnessing a death, natural disaster.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family History

Is there a family history of medical problems? (Asthma, allergies, heart disease, diabetes...) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Is there a family history of mental health problems? (Bi-polar disorder, schizophrenia, depression, anxiety, suicide...) \_\_\_\_\_

\_\_\_\_\_

Does any family member (immediate and extended) use alcohol or illegal drugs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### School History

Please list schools you attended: \_\_\_\_\_

\_\_\_\_\_

**Maura D. Sullivan, Psy.D**  
**Licensed Psychologist**

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What kind of grades did you earn in school? \_\_\_\_\_

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Have you ever been retained /suspended/ expelled from school? (If yes please indicate reasons for retention/suspension/expulsion) \_\_\_\_\_

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Are there any special circumstances in your educational history: (such as an Individual Education Plan (IEP), tutoring, special education courses like Chapter 1, talented and gifted/honors programs, accommodations like extended test times or special seating) \_\_\_\_\_

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### Social History

Please describe your relationships with partners / friends / family: \_\_\_\_\_

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Please describe your interests / talents / hobbies: \_\_\_\_\_

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Please describe your involvement with religious and spiritual beliefs: \_\_\_\_\_

### Treatment History

**Maura D. Sullivan, Psy.D**  
**Licensed Psychologist**

Please list any previous treatment providers, dates of service, reason for service, and perceived effect of treatment: \_\_\_\_\_

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Do you have any concerns or have you experienced any problems with mental health services in the past? \_\_\_\_\_

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Have you received any inpatient mental health services? \_\_\_\_\_

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Have you been prescribed any medication for mental health reasons? \_\_\_\_\_

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Please list the name of your current physician and date of last visit: \_\_\_\_\_

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Please list any past or current medical conditions: (surgery, hospitalization, head injury / concussion, severe illness) \_\_\_\_\_

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Please list any past or current medications: \_\_\_\_\_

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### Comments and Goals

What would you like to see change for you and how would you notice these changes? \_\_\_\_\_

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What are your goals for your treatment? \_\_\_\_\_

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