



**DR. ROBIN RISLER**  
CLINICAL PSYCHOLOGIST

**Client Information Form**

**Today's date:**

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Note: If you have been a patient here before, please fill in only the information that has changed.

**A. Identifying Information**

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nicknames: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apartment or unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cellular/home phone \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions:

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**B. Referral:**

Did someone give you my name to call?

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

May I have your permission to thank this person for the referral?  Yes  No

**C. Reason for seeking treatment:**

Please describe the main difficulty that has brought you to see me:

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**D. Treatment History**

Have you ever-received psychological, psychiatric, drug or alcohol treatment or counseling services before?

Yes    No   If yes, please indicate:

When?

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From whom?

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For what?

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With what results?

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Have you ever taken medications for psychiatric or emotional problems?

Yes    No   If yes, please indicate:

When?

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From whom?

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For what?

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Which Medications?

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With what results?

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**E. Relationships in your family of origin. Please describe the following:**

1. Your parents' relationship with each other:

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2. Your relationship with each parent and with other adults present:

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

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4. Your relationship with your brothers and sisters, in the past and present:

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**F. Marital/relationship history**

	Spouse's name at marriage	Spouse's age divorced	Your age divorced	Has spouse remarried?
First:	_____	_____	_____	_____
Second:	_____	_____	_____	_____
Third:	_____	_____	_____	_____

If currently in a significant relationship, describe the nature of the relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Current religious denomination/affiliation**

Protestant     Catholic     Jewish     Islamic     Buddhist     Hindu

Other (specify):

\_\_\_\_\_

Involvement:  None     Some/irregular     Active

How important are spiritual concerns in your life? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_

or other similar way you identify yourself and consider important:

\_\_\_\_\_

**H. Your education and training**

Dates	Schools	Special classes?	Adjustment to school?	Graduated?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I. Employment**

Occupation:

\_\_\_\_\_

Employer/Company:

\_\_\_\_\_

Briefly describe your employment history including last two jobs and reasons for leaving:

\_\_\_\_\_

\_\_\_\_\_

Military experiences?

\_\_\_\_\_

\_\_\_\_\_

**J. Emergency information:**

If some kind of emergency arises and I cannot reach you directly, or we need to reach someone close to you, whom should I call?

Name:

\_\_\_\_\_

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

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

**K. Chemical Use History:**

- 1. Have you ever felt the need to cut down on your drinking?  Yes  No
- 2. Have you ever felt annoyed by criticism of your drinking?  Yes  No
- 3. Have you ever felt guilty about your drinking?  Yes  No
- 4. Have you ever taken a morning “eye-opener”?  Yes  No
- 5. How much beer, wine, or hard liquor do you consume each week, on the average?  
\_\_\_\_\_
- 6. Are there times when you drink to unconsciousness, or run out of money as a result of drinking?  
\_\_\_\_\_
- 7. How much tobacco do you smoke or chew each week?  
\_\_\_\_\_
- 8. What other drugs are you using?  
Marijuana:  Yes  No In the past month how often?\_\_\_\_\_ Quantity\_\_\_\_\_
- Amphetamines:  Yes  No In the past month how often?\_\_\_\_\_ Quantity\_\_\_\_\_
- Cocaine/Crack  Yes  No In the past month how often?\_\_\_\_\_ Quantity\_\_\_\_\_
- Opiates:  Yes  No In the past month how often?\_\_\_\_\_ Quantity\_\_\_\_\_
- Psychedelics :  Yes  No In the past month how often?\_\_\_\_\_ Quantity\_\_\_\_\_
- Other:  Yes  No Describe:\_\_\_\_\_

**K. Is there any other information you think would be valuable for me to know?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_