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CLIENT HISTORY FORM

What is the main reason you are seeking help at this time?

Have you previously been in psychotherapy? Y_____ N_____ If yes, what dates and with whom?

Was this a positive and/or helpful experience? Y_____ N_____ Comments: _____

Personal or family history of: (mark "P" for personal and "f" for family)

Depression _____
Anxiety _____
Substance Use Disorder _____
Physical Abuse _____
Sexual Abuse _____
Neglect _____
Eating Disorder _____
Divorce or Separation _____
Other Trauma _____ if so, please specify _____

Medical History:

Current or chronic conditions _____

Current Medications: _____

How would you rate your physical health? ___excellent ___very good ___good
___fair ___poor

Do you follow a regular exercise program? Y_____ N_____ Specify type and
frequency_____

Do you smoke cigarettes? Y_____ N_____ If so, please specify type and
quantity_____

Do you drink alcohol Y_____ N_____ If so, please specify type, frequency and
quantity_____

Problem Checklist:

- | | |
|--|--------------------------|
| Sleep disturbance _____ | Financial concerns _____ |
| Loss of appetite _____ | Spiritual concerns _____ |
| Increase of appetite _____ | Legal problems _____ |
| Difficulty concentrating _____ | Recent relocation _____ |
| Irritability _____ | Other life changes _____ |
| Feelings of guilt _____ | Headaches _____ |
| Tension _____ | Chronic pain _____ |
| Excessive worrying _____ | |
| Excessive sadness _____ | |
| Fatigue _____ | |
| Mood Swings _____ | |
| Difficulty controlling anger _____ | |
| Feelings of helplessness _____ | |
| Feelings of hopelessness _____ | |
| Suicidal thinking _____ | |
| Fighting with partner _____ | |
| Frequent arguments with child _____ | |
| Family member drinking or using
Drugs _____ | |
| Dissatisfaction with work _____ | |
| Problems at work _____ | |
| Marital problems _____ | |
| Recent divorce or separation _____ | |
| Recent death of loved one _____ | |
| Other recent loss _____ | |
| Difficulty expressing feelings _____ | |

Feeling inadequate or ashamed _____
Sexual concerns or problems _____

Other information you feel is important:
