

Sandra Ryan, MSW, LICSW
434 Lake Street #202 Excelsior, MN 55331

CLIENT INFORMATION

Date _____

Name _____

Address _____

Phone: Home # _____ Work # _____

Cell # _____ Email: _____

Birthdate: _____

Friend/Relative to contact in case of emergency:

Name: _____

Phone #(s): _____

CURRENT FUNCTIONING

What prompted you to seek therapy at this time?

Do you have any recent lifestyle changes (changes in work, relationship, living conditions, etc.)?

Do you have any recent injuries or body traumas?

Do you have any chronic physical conditions or discomfort?

Are you feeling depressed or anxious? What are the signs (for example, changes in sleeping, eating, or level of engagement)? How long have you felt this way?

Are you currently using alcohol, drugs, tobacco, food, work, sex or money in an addictive way? What are your current patterns of use with anything you use to help with your mood?

If you addictive use in the past, when was that? Have you addressed this in treatment, therapy or support groups? When?

Do you feel suicidal now? Have you ever been suicidal? When?

Are you now, or have you ever been, engaged in self-injurious behavior?

Are you engaged in any relationships you experience as abusive? How are these relationships abusive?

Are you currently taking any medication? If so, who prescribed it, and for what condition? Does it have any side effects you are aware of?

LIFESTYLE

Please list all members of your current household, their birthdates, and relationship to you. Include whether children are in your home full-time or part-time.

Describe your family in general - cultural/economic background, and where you lived.

What is your current work? How do you feel about your work life?

What other parts of your life are currently active (creatively, spiritually, community service, recreation)?

Do you exercise regularly? What kind exercise do you do?

How is your diet? How much caffeine do you drink?

How do you feel about your support system overall? Who do you confide in, or rely on?

DEVELOPMENTAL HISTORY

What do you know, either factually or intuitively, about your conception, and your mother's pregnancy with you (e.g. family circumstances, feelings of parents, injuries or stresses to your mother)? What about your birth?

Please list the members of your family of origin, their dates of birth (and death) and significant issues they have had.

Please list any significant prior relationships, including marriages, and dates:

Which emotions do you feel relatively easily? Which emotions are more difficult for you to access or express?

How did you feel growing up in your family? How did you try to feel successful? How did you cope with difficulties?

Were there any outstanding events in your family as you were growing up (e.g. deaths, moves, job loss, divorce)? How did you and your family respond?

Describe each of your caregivers in terms of both what you appreciated about that person, and what you found difficult:

Have you ever been or felt abused (physically, sexually, emotionally, spiritually)? When did you feel abused and by whom?

What forms of psychotherapy and bodywork have you explored?

Psychotherapy:

Type/duration	Issues Addressed	Context for termination
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Bodywork:

Type/duration	Issues Addressed	Context for termination
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Have you had any negative experiences in therapy? Have you ended any therapeutic relationships without a clear sense of closure?

GOALS

Do you have any dreams or goals for 5 or 10 years from now? What are they?

If you were 90 years old and looking back on your life, what would you want to say?

What do you want to accomplish in our work together?

Do you have any resistance, fears or questions you are aware of regarding therapy?

Anything else you'd like me to know:

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