

A Compass Within Personal Consulting

Client Information

Identification

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Sex: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

May a message be left at this number? Yes No Restrictions: _____

Email: _____

Emergency Contact: Name: _____ Phone: _____

Employer: _____ Phone: _____

Address: _____

How did you learn about us? _____

Education and Training

Highest Level of Education Completed: _____

Trade/Technical School Completed: _____

Currently a student? Yes No If yes, major: _____ Credit hours per semester: _____

Military Service

Military Service: Yes No If yes, branch: _____

Dates of Service: _____ Type of Discharge: _____

Deployments: _____

Employment

Current Employer: _____ Job Title: _____

Number of years at this job: _____ Number of jobs held in the last 20 years: _____

Medical History

Current major medical problems (viruses, diseases, or major surgeries): _____

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Current medication for physical problem: _____

Past major medical problems (viruses, diseases, or major surgeries): _____

Substance Use History

Do you currently drink alcohol? Yes No If yes, how frequently? Rarely Occasionally Frequently

Have you use drugs? Currently Past If either, how frequently? Rarely Occasionally Frequently

Have you had any form of substance use treatment? None Outpatient Inpatient (Detox/Rehab)

Legal History

Have you ever been arrested? Yes No

If yes, please explain: _____

Have you ever been incarcerated? Yes No

If yes, please explain: _____

Have you ever been on probation? Yes No If yes, are you currently on probation? Yes No

If yes, please explain: _____

Mental Health History

Have you ever been in outpatient therapy? Yes No If yes, approximate number of treatments: _____

Have you ever been prescribed medication for mental health problems? Yes No

Current medication for mental health problems: _____

Past medications for mental health problems: _____

Have you ever been hospitalized for mental health reasons? Yes No If yes, how many: _____

Family History

Marital Status: Married (How long?____) Separated (How long?____) Divorced (How long?____)

Widowed Never Married, single Never Married, committed relationship (How long?____)

How many close friends do you have? _____

Who would you consider supportive in your life? _____

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Family Member	Quality of Relationship	Living With You
Mother		<input type="checkbox"/> Yes <input type="checkbox"/> No
Father		<input type="checkbox"/> Yes <input type="checkbox"/> No
Siblings (List All Below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Romantic Partner		<input type="checkbox"/> Yes <input type="checkbox"/> No
Children (List All Below)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have any of your relatives ever had a serious problem with alcohol or drugs? Yes No

If yes, please explain: _____

Have any of your relatives ever had a serious mental health problem? Yes No

If yes, please explain: _____

Has anyone ever emotionally abused you? Yes No

If yes, please explain: _____

Has anyone ever physically abused you? Yes No

If yes, please explain: _____

Has anyone ever sexually abused you? Yes No

If yes, please explain: _____

Presenting Problem

Please describe what brought you in today? _____

Signature: _____ Date: _____