

**LIFE INTEGRATION THERAPIES, PC., INC.**  
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**INDIANAPOLIS, IN 46205**  
**317-626-3626**

**CLIENT HISTORY FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email (if I may contact you by email) \_\_\_\_\_ Date of birth \_\_\_\_\_

Who referred you? \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ How long? \_\_\_\_\_

Are you: (please circle)

Single Married/Permanent Partner Divorced Widowed Living Together Separated

If you are in a relationship, how long have you been in it and what is the quality of the relationship?

If divorced or separated when did this occur and for what reason?

If widowed, please explain your loss, when it happened, and the circumstances around the death.

Who else lives in your household? (Name, age, gender)

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever seen other therapists or mental health counselors before? Y N

What is the name of your previous therapist if you have had one/more?

Have you seen a psychiatrist before? Who? And what have they given as your diagnosis?

**What brings you to therapy at this time?**

If your reason for coming to therapy is grief/loss /life transition related, and not covered above, please describe it here. Explain as much as you are able. Feel free to use the back of the paper if you would like to add more.

Have you seen another therapist **for this current** problem before? What have you already tried to do about the problem? **Has any of it helped?**

What are your fears about therapy? What are your hopes and expectations?

Do you have a good support system or circle of friends?

How much do you **currently** drink alcohol, use drugs, smoke various things, or have any addiction to alcohol, drugs, food, sex, porn, gambling, shopping, relationships, or any other addictive substance or process, etc? If so what and how much a day? Is your alcohol or drug use, or whatever addictive behavior you have, a problem **for you** or has **someone else** said they think it is a problem for you and are concerned about your it? Please explain as much as you can. Feel free to use the back of the paper. If you or someone else thinks it is a problem, is there something you would like to do about it?

Are you **currently or have you been** in any kind of a **recovery program** for alcohol, drug or other addictions, eating disorders, sex addiction, porn, gambling, shopping, relationships, codependency, smoking or any other addiction or something like an addiction? Please circle. If yes, how long, and what is the quality of your recovery program? What recovery program are you in? Are you working with a sponsor or involved in a self-help group for support?

Do **you have a history** of having **any kind** of abuse **done to you**? (Physical, sexual, verbal, emotional, spiritual, etc?) Please explain as much as you are able. Have **you** ever abused anyone? Explain as much as you are able. Is there any **current abuse** being done to you, by you or being done by someone else in your household? Feel free to use the back of the paper.

Is there **any history** of any **addiction, abuse, or mental illness in your family of origin or the family that raised you**? If yes, please describe. Perhaps it was something not openly discussed, or maybe you are aware that someone in the family completed suicide or some other problem occurred.

Have you ever **felt or acted** suicidal? Have you been hospitalized for this? **Do you feel this way now?** Do you have a plan? Do you have the means to carry it out? Please explain, I really do want to know especially if you haven't had a chance to talk about it.

Please describe your spiritual beliefs or practices if any. (Anything from meditation, journaling, walking in nature, yoga, to formal religious practice and going to church, bible study...whatever you consider spiritual, but not drug or alcohol induced). Does your spiritual practice help you cope with life stressful life events?

How is your current physical health?

What significant illness, surgeries, or hospitalizations have you had? Please list.

Have you had any other kind of trauma that has not been covered in other information already asked? Please describe. (A trauma is **what you consider traumatic**, not what the general population might consider traumatic. It could be a car accident, a horrible argument, or anything that is painful or shameful, where you felt you were in danger, you felt your life was threatened or you have had recurring intruding thoughts about something that was **painful, shameful, frightening, threatening or dangerous, etc**). **Please include instances of bullying, name calling, horrible teasing, being shamed in public, etc.** If you need to, use the back of the paper. And how have you coped?

What do you do for fun, entertainment, exercise, relaxation?

What medications are you taking and the reason for them? (Please list especially medications such as: antidepressants, mood stabilizers, and anxiety medications, plus anything else prescribed or supplements of any kind etc.).

Please list other health care practitioners you are currently seeing or with whom you consult and why.

What is the highest level of education you have attained?

Are you currently in school of any kind, including online classes?

Please name your siblings and their ages, if you have any.

Is any family of origin members or close family/friends deceased or ill? If yes, who?

Have there been any developmental, educational, social or physical delays that you have experienced? If yes, please list.

Any special achievements?

Have you been or are you a member of the armed forces?

Have you been or are you a member of the Peace Corps or some other similar organization?

What do you see as your strengths and limitations?

Please **circle** any of the following words that describe you now:

ACTIVE	AMBITIOUS	MOODY	SELF-CONFIDENT	PERSISTENT
NERVOUS	HARDWORKING		INPATIENT	IMPULSIVE
KINDLY	OFTEN-BLUE	EXCITABLE	IMAGINATIVE	CALM
SERIOUS	EASY-GOING	SHY	GOOD-NATURED	QUIET
INTROVERT	EXTROVERT	LIKEABLE	LEADER	LONELY
SUBMISSIVE	HARDENED	SPIRITUAL	SELF-CONSCIOUS	REGIMENTED
SENSITIVE	FEARFUL	ANXIOUS	SAD	HAPPY

**Is there anything else that would be helpful for me to know as we start therapy?**

**Anything about:**

**What motivates you?**

**Your learning style?**

**How you cope with new information?**

**What helps you when you are frightened?**

**What you need from me as your therapist?**

**Whatever crosses your mind that you think is useful for our time together.**

**I really want our time to be helpful and useful for you.**

**If you don't know what works for you, are you willing to try new things? Please answer on the back of this page.**

Would you like to receive periodic email newsletter updates? Circle One: Yes No

Client Signature \_\_\_\_\_ Date \_\_\_\_\_