Uta Russell, LCSW
Licensed Clinical Social Worker
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Client Information Sheet

Name:_____ Date:_____

Address:_____City:_____ Zip:_____

Phone (cell):_____ Phone (home or work):_____

What is the best way to contact you? _____

May I contact you and leave a message for you at home or work? ___Yes ___No

Email Address: _____

Date of Birth: _____ Age:_____ Preferred Pronouns:_____

Occupation:_____ Employer:_____

Referred by : _____

Relationship Status: _____ Previously Married: ___Yes ___No

Last Physical Exam:_____ Physician:_____

Please list any health conditions for which you are currently receiving treatment:

_____

Please list all medications you are currently taking and their dosage:

_____

Are your current medications working or not working? How are they helping or not helping?

_____

Significant medical and/or psychiatric history: _____

_____

Briefly describe your reasons for seeking therapy at this time:_____

_____

_____

Please check any symptoms/complaints/areas of concern that you are currently experiencing:

__Anxiety
__Depression
__Stress
__Sleep
__Tired/low energy
__Grief
__School
__Irritability
__Low motivation
__Concentration
__Friends
__Family
__Health problems
__Loss of appetite
__Anger
__Impulsivity
__Unhappiness
__Mood swings
__Work/Job
__Panic attacks
__Alcohol
__Drugs
__Suicidal thoughts
__Cutting or hurting yourself
__Inability to make decisions
__Weight loss/gain
__Sexual identity
__Gender identity
__Legal problems
__Hearing voices
__Marriage
__Separation/Divorce
__Infertility
__Compulsive behaviors
__Intimacy
__Anorectic/bulimic behavior
__Financial problems
__Learning problems
__Caregiving
__ _____

Previous psychotherapy experience (when, provider, and length of time): _____

_____

Please list who you live with, and, if you wish, add other family members that don't live with you, and indicate that:

Name(s)	Age/Birthday	Relationship
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____

Thank you! If you wish, please add any other information that you feel would be helpful: