

Julia White, LCSW
Licensed Clinical Social Worker

2121 South Oneida Street
Suite 336
Denver, CO 80224
julia@juliamwhite.com
www.juliamwhite.com

Confidential Client Information Form

Today's date: _____

Identification

Your name: _____

Preferred pronouns: _____

Date of birth: _____

Preferred Name: _____

Home street address: _____ Apt.: ____

City: _____ State: _____

Zip: _____

Home/evening phone: _____

E-mail: _____

Cell phone: _____

I prefer to get calls at home at work mobile voice text

Calls or e-mail will be discreet, but please indicate any restrictions:

Relationship Status:

Married Single Separated Divorced Widowed In a committed relationship

Referral

How did you find me? _____

If referred by a healthcare professional, may I have your permission to thank this person for the referral?

Yes _____ (please initial) No

Name: _____

Phone: _____

What did this person say about how I might be able to help you?

Insurance Information

Name of insurance company _____

ID number _____

Name and birthdate of primary cardholder if not you _____

What is your copay? _____

Insurance company phone number _____

Your Medical Care

From whom or where do you get your medical care?

Clinic/doctor's name: _____

Phone: _____

Date of last physical/medical exam: _____

Relevant medical conditions (history, current condition, changes in condition):

Medications currently taking (dosage, how long, prescribing professional):

Allergies/adverse reactions to treatment recently or in the past:

If you enter treatment with me, would you like me to contact your medical doctor so that s/he can be fully informed and we can coordinate your treatment?

Yes (please complete Release of Information) No

Family and Personal History

Past therapy or psychiatric treatment:

What, if anything, was helpful?

Psychiatric Hospitalizations (Dates and Locations):

Family history of mood disorders, therapy or psychiatric treatment:

Family history of suicide:

Do you drink coffee? Y or N (# __ cups daily)

Cigarettes? Y or N (# ___ per day)

Alcohol? Y or N (# ___ drinks weekly)

Date last drank _____

Recreational Drug Use (Marijuana, Cocaine, Methamphetamine, etc)?

Yes or No _____

Police/Probation involvement (past or present)

Yes or No Date _____

Please explain: _____

Who lives in your household? Please provide names, ages and relationship to each person.

Your Current Employer

Employer: _____ Occupation: _____
Work phone: _____ or other means of communication

Calls will be discreet, but please indicate any restrictions:

Educational History

High School (Name and City): _____

Graduate? No Yes _____ (year)

Vocational Training (if applicable): _____

Graduate? No Yes _____ (year)

College (if applicable): _____

Graduate? No Yes _____ (year)

Graduate Studies (if applicable): _____

Graduate? No Yes _____ (year)

Did you ever have any significant educational concerns or support, such as reading support, speech/language? Repeat or skip a grade, or receive gifted services?

If so, please describe:

Religious and Racial/Ethnic Identification

Current religious denomination/affiliation Protestant Catholic Jewish Islamic
Buddhist Hindu none Atheist/Agnostic other (specify):

Involvement: None Some/irregular Active

How important are spiritual concerns in your life?

Ethnicity/national origin: _____

Race: _____

or other similar way you identify yourself and consider important:

Chief Concern

Please describe the main difficulty that has brought you to see me:

Additional Concerns

Please circle if you have experienced any of the following (past or present):

- Worry
- Poor concentration
- Mood changes
- Fear
- Panic Attacks
- Tearfulness
- Fatigue
- Feeling hopeless/helpless
- Sleep problems
- Body image problems
- Sexual Problems
- Losses
- Phobias
- Learning Problems
- Spending Sprees
- Outbursts of Anger
- Domestic Violence
- Lying
- Seizures
- Head Injury
- Gambling Problems
- Computer Addiction
- Sexual Abuse
- Trauma
- Physical Abuse
- Suicide Attempts
- Suicidal ideation
- Auditory Hallucinations (hearing voices)
- Visual Hallucinations (seeing things others don't see)

Other concerns or issues not mentioned above:

Emergency Information

If some kind of emergency arises and I cannot reach you directly, or I need to reach someone close to you, whom should I call?

Name: _____

Phone: _____

Relationship: _____