

Today's Date _____

Texas Woman's University Counseling and Family Therapy Clinic (CFTC)

At this clinic we do not perform "forensic services" and cannot provide "forensic opinions, reports, assessments, and/or recommendations" according to Rule 465.18 of the Texas Administrative Code, Title 22.

Client's Name _____

Address _____

City _____, TX ZIP _____

If client is a minor, please provide name(s) of parent(s) or guardian:

The staff at the CFTC values your right to privacy concerning your participation in therapy. Please provide phone numbers and email where we may call you and/or leave a message.

Home Phone _____ Message? (please circle one) YES NO

Cell Phone _____ Message? (please circle one) YES NO

Work Phone _____ Message? (please circle one) YES NO

E-mail, if we can send a message _____

In case of an emergency in the clinic, what is the best way to contact you? (circle all that apply)

Home Cell Work E-mail

Are you currently in counseling at another location? (please circle one) YES NO

If yes, do not complete this form and discuss this with your therapist.

Are you currently on probation? (please circle one) YES NO

If another person is responsible for this account, please complete the following section:.

Name _____ Relationship to Client _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

What is your presenting problem?

Client Demographic Information

Client's age at last birthday _____

Date of Birth _____

Check one answer for each question below:

Male Female

Black Caucasian Hispanic Other _____

Married Partner Divorced Widowed

Committed Dating Relationship Single, living alone

Education: What is your highest degree **or** grade in school? _____

Occupation: _____ Years with this employer _____

ABOUT YOUR HEALTH

Name of your doctor _____

Last visit? _____

List any chronic medical issues _____

Have you been hospitalized for any reason? (circle one) YES NO

What was the date and reason for the hospitalization: _____

Have you been given a mental health diagnosis? If so, please describe:

Are you under the care of a psychiatrist? (circle one) YES NO

If so, whom _____

Have you been prescribed any psychotropic drugs by your psychiatrist? (circle one answer) YES NO

List all medications or drugs (legal or illegal) you have taken in the last year:

ABOUT YOUR RELATIONSHIPS

1. If you are in a marriage, partnership or committed dating relationship, please answer the following questions:
 - a. Spouse/partner's name _____
 - b. Length of marriage/relationship _____
 - c. Name, gender, and age of children and their living situation:

Name	Gender	Age	Living in home/out of home?

2. Please discuss your friendships and your social network. Who can you count on when you need help?

ABOUT YOUR FAMILY

Name of Relative	Living? Yes/No	Age or Age at Death	Live close to you?	Quality of relationship
Father				
Mother				
Sister(s)				
Brother(s)				
Other Significant Persons				

FAMILY HISTORY

In the space below, please describe both your family of origin (parents) and your current family with emphasis on the quality of your relationships and important events that occurred in both families.

INFORMATION ABOUT ABUSE, SUICIDE OR HOMICIDE

History of Abuse:

verbal _____	physical _____	sexual _____
marital _____	elder _____	child _____
neglect _____	level of violence _____	

History of Suicide:

Have you ever attempted suicide or harmed yourself in any way? (Check one) Yes No

Do you have a plan for committing suicide or harming yourself in any way? (Check one) Yes No

Have you had any thoughts, even once, in the past few days or weeks, of suicide or harming yourself in any way? (Check one) Yes No

History of Homicidal thoughts: Are you having any thoughts about harming anyone else in any way?

(Check one) Yes No If yes, please explain.

My signature below indicates my acceptance of responsibility for this account.

Printed name

Signature

Date

NOTICE: The student therapists and the CFTC staff are mandated by Texas law to report any of the following: elder or child abuse, threats or plans of committing harm to another person, and threats or plans of suicide by our clients.

Thank you for providing this information on you and your family.

Revised: 6/2009