Client Admission Form

Client Name: Sex: Date of Birth:

Reason for seeking counseling including background information:

Check the current symptoms:

____Suicidal Ideation	____Isolation/Withdrawal	____Depression
____Homicidal Ideation	____Aggression/Violence	____Anxiety/Panic
____Appetite Problems	____Poor Impulse Control	____Phobia/Fear
____Sleep Disturbance	____Destructive Behavior	____Obsessions/Compulsions
____Anger/Irritability	____Victim of Abuse	____Bizarre Behavior
____Domestic Violence	____Perpetrator of Abuse	____Problems Thinking/Concentrating
____Family Conflict	____Addictive Behavior	____Mood Swings
____Intense Family Distancing	____Alcohol/Substance Abuse	____Stress/Feeling Overwhelmed
____Communication/Trust Problems	____Grief/Loss	____Legal/Financial Problems
____Chronic Medical Problems	____Parenting issues	____Religious/Spiritual Issues
____Binging/Purging	____Sexual/Intimacy Issues	____Tearful/Crying Spells

If Client is under 18, check current symptoms below in addition to those above:

____Tantrums	____Bed Wetting	____Night Terrors
____Inattention	____Hyperactive	____Oppositional Behavior
____Lying/Manipulative Behavior	____Aggression	____Destruction of Property
____Fire Setting	____Risk Taking Behavior	____Stealing
____Running Away	____School Problems	____Unusual birth/pregnancy events
____Separation Anxiety	____Divorce/Separation	____Blended Family Issues

Previous Treatment: **Yes No** If yes, please indicate dates, whether inpatient/outpatient, problem for which you were treated, and name of treating professional:

Please list any allergies/drug sensitivities:_____
Indicate Current Medications, Dosage:_____
Name and Phone Number of Prescribing Professional:_____
If not on medication, is a referral for a medication evaluation needed? **Yes No**
Name and Phone # of Primary Care Physician:_____
Permission to contact Primary Care Physician regarding treatment: **Yes No**

Please list past & present tobacco, alcohol, and drug use:

List Strengths/Accomplishments:

Client Signature_____ Date_____

Mary Costello Stevens, LLC
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