



**CLIENT INFORMATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Birth date: \_\_\_\_\_

Friend/Relative to contact in case of emergency:

Name: \_\_\_\_\_

Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_

CURRENT FUNCTIONING

What prompted you to seek therapy with us at this time?

Do you have any recent lifestyle changes (change in work, relationship, living conditions, etc.)?

Do you have any recent injuries or body traumas?

Do you have any chronic physical conditions or discomfort?

Are you feeling depressed or anxious? What are the signs (for example, changes in sleeping, eating, or level of engagement)? How long have you felt this way?

Are you currently using alcohol, drugs, tobacco, food, work, sex or money in an addictive way? What are your current patterns of use with anything you use to help with your mood?

If you had addictive use in the past, when was that? Have you addressed this in treatment, therapy or support groups? When?

Do you feel suicidal now? Have you ever been suicidal, and if so, when? Have you ever attempted suicide?

Are you now, or have you ever been, engaged in self-injurious behavior?

Are you engaged in any relationships you experience as abusive? How are these relationships abusive?

Are you currently taking any medication? If so, who prescribed it, and for what condition? Does it have any side effects you are aware of? Is anyone monitoring your medication?

### LIFESTYLE

Please list all the members of your current household, their birthdates, and relationship to you. Include whether children are in your home full-time or part-time.

DOUGLAS SCOTT DUMAS, MA, LP



ANN SCOTT DUMAS, MSW, LICSW

2432 SEABURY AVENUE, MINNEAPOLIS, MN 55406

612.729.9869

How do you feel about your current living situation?

What is your current work? How do you feel about your work life?

What other parts of your life are currently active (creativity, spirituality, community service, recreation)?

Do you exercise regularly? What kind of exercise do you do?

How is your diet? How much caffeine do you drink?

How do you feel about your support system overall? Who do you confide in, or rely on?

### DEVELOPMENTAL HISTORY

What do you know, either factually or intuitively, about your conception, and your mother's pregnancy with you (e.g. family circumstances, feelings of parents, injuries or stresses to your mother)? What about your birth?

Please list the members of your family of origin, their dates of birth (and death) and significant issues they have had. Please include all of your parents' abortions, miscarriages, still births, and adoptions.



Describe your family in general -- cultural/economic background, and where you lived:

How did you feel growing up in your family? How did you try to feel successful? How did you cope with difficulties?

Were there any outstanding events in your family as you were growing up (e.g. deaths, moves, job loss, divorce)? How did you and your family respond?

Describe each of your caregivers in terms of both what you appreciated about that person, and what you found difficult:

Mother:

Father:

Other (sibling, relative, nanny, neighbor):

Have you ever been or felt abused (physically, sexually, emotionally, spiritually)? When did you feel abused, and by whom?

Have you witnessed the abuse of others? Have you initiated or participated in abusing another?

What aspects of your family life do you find yourself playing out now (both those that enhance your life, and those that are problematic):

Have you had any significant traumas while growing up, or as an adult (assaults, accidents, untimely deaths, etc.)?

Please list any significant prior relationships, including marriages, and dates:

Which emotions do you feel relatively easily? Which emotions are more difficult for you to access or express?

Are you satisfied with your current sexual expression? Are there aspects of your sexuality which you want to heal or explore in therapy?

Have you ever been pregnant or impregnated someone? Describe briefly the outcome (birth, miscarriage, abortion), and what this experience was like for you. Do you feel resolved about the experience?



What forms of psychotherapy and bodywork have you explored?

Psychotherapy:

Type/duration	Issues Addressed	Context for termination
---------------	------------------	-------------------------

Bodywork:

Type/duration	Issues Addressed	Context for termination
---------------	------------------	-------------------------

Have you had any negative experiences in therapy? Have you ended any therapeutic relationships without a clear sense of closure?

### GOALS

Do you have any dreams or goals for 5 or 10 years from now? What are they?

If you were 90 years old and looking back on your life, what would you want to say?

What do you want to accomplish in our work together?

Do you have any resistance, fears or questions you are aware of entering our work together?

Anything else you'd like me to know: