Sarah Scott Dooling, LCSW
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Adult Client Information Form

Name ____

Address ____

____

Date of Birth_____________________________________ Age ________________________

Employer & Occupation ____

Preferred Contact Number ________________ E-mail Address_______________________

Can a message be left at the above number? ☐ Yes ☐ No

Would you prefer to be contacted by phone or email? ☐ Phone ☐ Email

Marital Status:

☐ Married ☐ Remarried ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Do you have children? ☐ Yes ☐ No If yes, list names and ages ____________________

____

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Who referred you? ____

May I contact this person? ____

In case of an emergency, contact…

Name ___________________________________ Phone ____________________

Can a message be left on answering machines? ☐ Yes ☐ No

Symptoms & Concerns

Please check any that apply to you and circle those that are the most significant.

- ☐ Adjustments (new job, marriage, move to a new location)
- ☐ Anxiety/worry
- ☐ Sadness/Depression
- ☐ Sleeping difficulties
- ☐ Learning disability
- ☐ Nightmares
- ☐ Grief/Loss
- ☐ Personal growth
- ☐ Mood changes
- ☐ Relationship problems
- ☐ Chronic/terminal illness
- ☐ Parent-child relationship problem
- ☐ Trauma
- ☐ Abuse or assault victim
- ☐ Career decision

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Please describe any of the above in more detail or any other concerns you may currently have__________

____

____

____

____

Family or personal history of emotional or behavioral difficulties? ☐ Yes ☐ No If yes, please describe:

____

____

Family or personal history of alcohol/drug/substance abuse? ☐ Yes ☐ No If yes, please describe:

____

____

Family or personal history of family violence or criminal activity? ☐ Yes ☐ No If yes, please describe:

____

____

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Have ever seen a mental health professional (psychiatrist, psychologist, or counselor)? If so, please list when, who, and why they were seen.

____

____

Are you currently taking any medications? If yes, please list and explain __________________________

____

Signatures: I certify that the information provided above is accurate to the best of my knowledge.

____ ________________________
Client Signature Date