



Amber Creek Family Counseling & Psychiatry, Inc.

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www.AmberCreekCounseling.com

Client Background Information

**Please fill out this form and bring it to your first appointment*

1. What reason(s) brought you to counseling/consultation today?

2. How many brothers and sisters do you have? Please list them in order with first name, gender and ages, including yourself. (example: Jane-48-F, Michael-43-M, Jack-39-M, Suzie-32-F)

3. Are your parents still living? If so, what are their ages?

4. Are your parents still together? If not, are they remarried?

5. Was there any history of abuse growing up either within your family or with others? (physical, sexual, verbal, emotional) Is there any abuse currently?

6. Any history of substance abuse (drugs, alcohol, prescription drug abuse) for you or in your family?

7. How many children do you have? Please list them in order with first name, gender and ages. If they are not living with you, please indicate that. (example: Jane-14-F, Michael-12-M, Jack-8-M, Suzie-3-F)

8. What has been your exposure/experience with pornography?

9. When was the last time you viewed pornography?

10. How often do you view pornography?

11. Any history of ADD, ADHD, depression, anxiety, eating disorders, or any mental illnesses for you or in your family?

12. Have there been any family members who have died from suicide? If so, who?

13. Any history of medical illness or longstanding medical conditions for you or in your family?

14. Have you ever had a head trauma where you lost consciousness?

15. Have you ever had seizures?

16. What is your highest level of formal education completed?

17. Are you currently working? If so, what is your current occupation?

18. Do you have any legal or criminal history? If so, please indicate what and when.

19. Any deaths/divorces/job changes or significant life changes/events that stand out for you?

20. Is there anything else that your clinician should be aware of that would be important for them to know?

Client Signature: _____ Date: _____

Guardian Signature (if applicable): _____ Date: _____