Margaret Martin, LCSW ● 4534 Westgate Blvd., Ste 112, Austin, Texas 78745 ● 512-423-8237

Client Information

Name:_____ Marital Status: _____ Today's Date _____

Current Address: _____ Date of Birth: _____

City, State, Zip: _____

Phone (h):_____ (w):_____ (c): _____

Please indicate at which numbers I may leave a message.

Email address: _____ May I send information via email?_____

Who referred you? _____ May I thank them for the referral? _____

With whom do you live? _____ How long have you lived there?_____

In case of emergency, notify:_____

Area Code and Phone #: _____ Relationship: _____

Family Physician:_____

Psychiatrist, if applicable: _____

Present complaint/Why you are coming to therapy at this time: _____

_____

Rate the severity of your problem(s) by circling the most appropriate descriptor:

mildly upsetting moderately upsetting very upsetting incapacitating

Have you ever sought treatment for psychological problems before? (including medications)? _____

_____

Mother's condition during pregnancy (as far as you know) _____

_____

_____

Was there anything difficult about your birth (as far as you know)?_____

_____

Your physical health in childhood – any surgeries or significant diseases or injuries?_____

_____

If your parents are divorced when did they divorce and did either of them remarry? _____

_____

Please list your siblings, in their birth order, and give their current ages. Please include half and step siblings.

_____

_____

_____

_____

How is your physical health? _____

When was the last time you saw a physician? _____

Please list any medications you take and their purpose: _____

_____

_____

List your interests, hobbies, and activities: _____

_____

What do you do to relieve stress? _____

_____

How far did you go in school? _____

What do you do for work? _____

Please describe your current support system: _____

_____

Please list the cities in which you have lived and the approximate time periods you were there. _____

_____

_____

Please list any previous marriages or significant romantic relationships and the approximate time frame: _____

_____

_____

If you have children please list the names and ages (including children that don't live with you): _____

_____

_____