

Mercy House Client History Form – To commence treatment this form must be completely filled out in order for us to develop a comprehensive treatment plan. It can also save you valuable counseling time. Please give completed form to your therapist. Thank you.

Name: _____ Date of Birth: _____

Address: _____

Phone number: _____ Emergency Contact number: _____

Email: _____

Who referred you to counseling services?

What is the problem that led you to call Mercy house?

What is your chief complaint of concern? Circle all those that apply: Anxiety Depression Drug or alcohol addiction Self-harm Mental health issues Compulsions Spiritual concerns or confusion Eating disorder Marital or relational difficulties Divorce or separation Grief Traumatic stress Sexual abuse issues Rape Domestic violence Anger issues War veteran

Other: _____

What are your current stressors?

Family Information: Parents current age and health:
mother _____ father _____
Parents educational level: mother _____
father _____

How many siblings do you have and what are their ages?

Do any of your siblings have any serious health concerns?

I am married or not married (circle one)

How many children do you have and what are their ages?

What relational conflicts do you currently have with your spouse or children be specific please?

Who would you consider to be your primary support?

Substance abuse history: Please list the people in your immediate family or extended family that use drugs or alcohol.

Please describe your drug or alcohol history, age of first use, list current substances used, and frequency of use:

Have you ever been treated in an inpatient setting for alcohol or drug abuse? Please give approximate dates:

Developmental history: please circle all that apply: Death of parent or sibling Sexual abuse Mental abuse Physical abuse Severe accident in family Foster care Juvenile detention center Head and brain trauma Poverty Severe illness Was told I was a difficult delivery Early parental separation Drug or alcohol abuse in the home Mental health issues Moving from house to house

Education: How did you fare academically in grade school and high school?

What is your highest level of education? _____

Did you enjoy friendships growing up? Have a difficult time forming relationships?

Socio-economic history: What is your current living situation and employment status?

What are your current financial stressors?

Legal History: Describe any past or present legal history

Have you served jail time and for what reason?

Do you have any pending charges?

Are you on probation or electronic monitoring, if so, who is your probation officer?

Are you currently involved in litigation in a civil case or with a former therapist?

Military Service: Have you served in the military, what branch and for how long?

Were you in active duty or suffering with PTSD?

Spiritual development: Do you have a faith background and are you struggling with spiritual or religious issues that we may assist you with?

Psychiatric information: Describe any previous psychological treatment/ counseling and outcomes

Are you undergoing psychiatric care, if so who is your psychiatrist?

If taking psychiatric medications, what is the name of the medications and dosages?

Medical Information: List any medications you take for physical health issues and their dosage please.

When was your last physical and who is your family doctor and may we let them know you are here?

DIET AND NUTRITION

Mercy House believes and adheres to a holistic approach to mental health. All clinicians are trained in Nutritional and Integrative Medicine for Mental Health.

Are you willing to have your therapist review, diet, nutrition or weight control as it relates to mental health?

Yes or No (circle one)

Please list any inflammatory diseases such as arthritis, irritable bowel, fibromyalgia, etc.?

Please list any endocrine issues such as thyroid disease, diabetes, etc.?

Sleep information: Describe your sleep routine or difficulties:

Supplementation: Please list all vitamins and supplements or herbal remedies currently taking:

Please list any food allergies or sensitivities:

Please list any skin Issues that are of concern for you?

Exercise and lifestyle: list what type of exercise you participate in as well as frequency, and other hobbies

Please describe any digestive issues such as acid reflux, ulcers, gastritis, etc.

Please list any history of respiratory or cardiac issues?

Please describe any problems with muscles or joints, for example stiffness, chronic pain, ligament tears, restricted motion:

Have you been treated for cancer? When and what type?