



Integrative Counseling and Psychological Services
www.sollarsassociates.com

Administrative Office
 1777 Axtell Dr., Suite 100, Troy, MI 48084
 Fax: (248) 385-1193 Phone: (248) 787-0855

Adult Client History Form

Personal Information

Client Name	
Client Date of Birth	
Client Gender / Pronoun	
Guardian Name (if applicable)	
Client / Guardian Phone Number	
Client / Guardian Email Address	
Employer	
Position	
How long at current job?	
Education	
Marital / Relationship Status	
Significant Other's Name	
Significant Other's Age and Sex	
How long together?	
Names and ages of Children	
Emergency Contact	

Medical and Health History

List any allergies you have	
Primary Care Physician's Name	
Primary Care Physician's Address	
Date of your most recent physical exam	

Name of Medication	Dosage	Name of Doctor	First Prescribed?

Current Health Problem	Past Health Problems	Major Operations	Date

Former Therapist's Name	Dates of Service

Substance Abuse Treatment Location and Dates of Service	Inpatient Psychiatric Treatment Location and Dates of Service

Substance	Amount Used	Frequency of Use
Cigarettes		
Alcohol		
Pills (not prescribed)		
Marijuana		
Cocaine (in any form)		
LSD		
Heroin		
Other (please list)		

Reasons for Seeking Counseling

Problem	Current	Past
Difficulty falling asleep or staying asleep		
Sleeping too much		
Changes in appetite, weight loss or weight gain		
Frequent crying		
Panic attacks or anxiety attacks		
Thoughts of killing or hurting myself		
Attempts to hurt or kill myself		
Problems concentrating		
Difficulty at school		
Bedwetting or other elimination problems		
Problems remembering things		
Difficulty completing routines/daily activities		
Periods of daily sadness lasting more than two weeks		
I startle easily		

Can't stop remembering upsetting events		
Difficulty controlling my temper		
I physically hurt other people		
Conflicts with peers		
Difficulty in social interactions		
I break things sometimes		
I worry a lot		
Little or no interest in sex		
I feel tired almost everyday		
Feelings of unreality		
Made myself throw up in order to lose weight		
Used laxatives or exercised excessively to lose weight		
I often feel like I am an outsider		
Sexual problems		
Worry that something is wrong with my body		
Frequent arguments with the people I live with		
I hear voices in my head		
Please make note of any other concern not listed above		

Please explain your faith/religious/spiritual perspective

Is there anything else that you would like me to know about you - now or in your past?