



Adult – Client Information Sheet

Client Name: _____ Date of Birth: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Employer / Position: _____

Relationship Status: _____ Partner / Spouse Name: _____

Highest Education Level: _____ Where: _____

Physician Name and Number: _____

Names and Ages of Children in the Home: _____

How did you learn about Royalton Psychological Associates: _____

Emergency Contact: Name: _____ Phone: _____

What brings you to Royalton Psychological Associates?

Client Name: _____

Please indicate when your concerns / issues began: _____

Please list any current medications:

Medication	Dosage	Prescriber	When began?

Please list any current or past health problems, operations, and hospitalizations:

Please provide the names of past mental health providers and dates of treatment:

Please list any safety concerns you might have:

Please list any substance such as tobacco, alcohol, marijuana, pain medication, etc. you have used or are currently using: _____

Please list your interests and what you take pride in: _____

Client Name: _____

Please indicate if the you are currently having or have had any of the following issues:

Concern:	Currently:	In the past:
Thoughts of hurting or killing self		
Thoughts of hurting or killing someone else		
Experienced a traumatic event		
Loss of a loved one		
Physically abused		
Sexually abused		
Difficulty falling or staying asleep		
Irritable / cranky		
Frequent crying		
Feel tired most of the time		
Daily sadness for more than 2 weeks		
Say negative things about self		
Little or no interest in sex		
Worry too much		
Not comfortable being alone		
Somatic / bodily complaints		
Startle easily		
Uncomfortable in crowds		
Excessive fears		
Nightmares		
“Anxiety attacks”		
Obsessed with something		
Compulsions / ritualistic behaviors		
Frequent mood swings		
Racing thoughts		
High risk behaviors		
Problems sustaining attention		
Disorganized		
Loses things		
Easily distracted		
Decrease in work / academic performance		
Feel restless inside		
Talk excessively		
Impulsive		
Physically hurts other people		
Frequently argues with others		
Breaks objects on purpose		
Hear or see things others do not		
Has made self vomit to lose weight		
Worry something is wrong with your body		
Binge on food		
Other:		