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## CLIENT INFORMATION FORM

### IDENTIFICATION

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: *home* \_\_\_\_\_ *office* \_\_\_\_\_ *cell* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

phone #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

ID#: \_\_\_\_\_ SS#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

Emergency Contact (name, ph.#): \_\_\_\_\_

Chief Concern (For what are you seeking help at this time?):

### PAST TREATMENT (psychological, psychiatric, counseling, drug/alcohol):

<u>When</u>	<u>From Whom</u>	<u>For What</u>	<u>Outcome</u>
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### PHYSICAL HEALTH

Medical Doctor: \_\_\_\_\_

List any health problems: \_\_\_\_\_

Current medications/dosage: \_\_\_\_\_

**FAMILY**

Relative	Name	Current Age (or age at death)	Illnesses	Occupation	Brief Description of Relationship
Mother					
Father					
Siblings					
Spouse/ Partner					
Children					

**Education:**

**Employment History:**

**Social Information (past & current):**

**Cultural/Ethnic/Religious Information:**

**Abuse history (sexual, physical, emotional victim/perpetrator):**

**Substance/Chemical Use History (Drugs, Medications, Alcohol):**

Name of Substance	Age	Amount	Frequency	Method of Use

**Recreational Activities (interests, hobbies):**

**What do you consider your strengths?**

**What do you consider your weaknesses?**

**What would you like to accomplish out of our time in therapy?**