Britt Brennan
Marriage and Family Therapist
M.A. | LMFT

Client History

Name:_____ Date:_____/_____/_____

Current Symptom (Check all symptoms currently present)

- ☐ relationship conflicts/distress
- ☐ depressed mood
- ☐ appetite disturbance
- ☐ sleep disturbance
- ☐ elimination disturbance
- ☐ fatigue/ low energy
- ☐ irritability
- ☐ poor concentration condition
- ☐ mood swings
- ☐ agitation
- ☐ emotionality
- ☐ obsessions/ compulsions
- ☐ grief
- ☐ binging/purging
- ☐ laxative/diuretic abuse
- ☐ generalized anxiety
- ☐ panic attacks
- ☐ phobias
- ☐ circumstantial symptoms
- ☐ delusions
- ☐ hallucinations
- ☐ aggressive behaviors
- ☐ paranoid ideation
- ☐ sexual problems
- ☐ social isolation
- ☐ feelings of worthlessness
- ☐ guilt
- ☐ elevated mood
- ☐ hyperactivity
- ☐ dissociative states
- ☐ somatic complaints
- ☐ self harm behavior
- ☐ significant weight gain/ loss
- ☐ chronic medical
- ☐ emotional trauma survivor
- ☐ physical trauma survivor
- ☐ sexual trauma survivor
- ☐ substance use concerns/abuse
- ☐ other:_____

Emotional/Psychiatric History

Prior outpatient psychotherapy? ☐ No ☐ Yes

Name of most recent therapist:_____ Reason for therapy:_____

Sessions from: _____/_____ to _____/_____ Helpful? ☐ No ☐ Yes

Prior inpatient treatment for psychiatric, emotional, or substance use issue? ☐ No ☐ Yes

Name of most recent facility:_____ From:___/___ to ___/___ Helpful ☐ No ☐Yes

Has any family member had inpatient treatment for psychiatric, emotional, or substance use issue? ☐ No ☐Yes

If yes, who/why:_____

Additional Information:

_____

_____

_____

_____

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Relationships

Intimate relationship:

□ never been in a serious relationship □ not currently in a relationship □ currently in a serious relationship
_____ yrs in current relationship

Martial status:

□ single, never married □ separated for _____ years □ _____ prior marriages (self)

□ engaged for _____ months □ divorce in process _____ months □ _____ prior marriages (partner)

□ married for _____ years □ divorced for _____ years □ live -in for _____ years

Relationship satisfaction:

□ very satisfied with relationship □ somewhat satisfied with relationship □ very dissatisfied with relationship

□ satisfied with relationship □ dissatisfied with relationship

Briefly describe any significant issues in intimate relationships: allerate

_____

_____

_____

_____

Family History

	Present Entire Childhood	Present Part of Childhood	Not Present
Mother	□	□	□
Father	□	□	□
Stepmother	□	□	□
Stepfather	□	□	□
Brother(s)	□	□	□
Sister(s)	□	□	□
Other _____	□		

Special circumstances in childhood:

_____

_____

Describe childhood family experience:

□ outstanding home environment □ chaotic home environment □ experienced physical/verbal/sexual abuse

□ normal home environment □ neglectful home environment □ witnessed physical/verbal/sexual abuse

Parents:

Father living? Y/N Age:____ Occupation: _____ Education: _____ General Health_____

Mother living: Y/N Age:____ Occupation: _____ Education: _____ General Health_____

Parent's current marital status:

□ married to each other □ mother remarried _____ times □ father remarried _____ times

□ separated from each other □ mother involved w/someone □ father involved w/someone

□ divorced for _____ years □ mother widowed □ father widowed

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Medical History

Describe your physical health: ☐ excellent ☐ good ☐ fair ☐ poor

Physician Name:_____ Phone:_____ Last Exam _____/_____

Psychiatrist Name (if any):_____Phone:_____ Last Exam _____/_____

Medications currently being taken (give dosage and reason):

_____

_____

Is there a history of any of the following in the family:

☐tuberculosis ☐ birth defects ☐ emotional problems ☐ behavior problems ☐ thyroid problems
☐ cancer ☐ heart disease ☐ high blood pressure ☐ alcoholism ☐ drug abuse
☐ diabetes ☐ stroke ☐ Alzheimer's disease/ dementia
☐ other chronic or serious family health problems:_____

List any know allergies:_____

Describe any serious hospitalization or accidents you've had:

Date: _____/_____ Age: _____ Reason: _____
Date: _____/_____ Age: _____ Reason: _____

Additional Medical Information:

_____

_____

_____

Socio-Economic History

Social support system (check all that apply):
☐ supportive network ☐ few friends ☐ substance-use-based friends ☐ distance from family often origin

Employment:

☐ employed and satisfied ☐ coworker conflicts ☐ disabled
☐ employed but dissatisfied ☐ supervisor conflicts ☐ unstable work history
☐ unemployed

Legal history:

☐ no legal problems ☐ lawsuits pending ☐ arrest(s) not substance-related ☐ arrest(s) substance related

Military history:
☐ never in military ☐ served in military - no incident ☐ served in military with incident: _____

Cultural/Spiritual/Recreation History

Currently active in community/ recreation activities ☐ No ☐ Yes
Formerly active in community/ recreational activities ☐ No ☐ Yes

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Substance Use History

Family alcohol/drug abuse history (check family member(s) with alcohol/drug history):

☐ father ☐ mother ☐ grandparent(s) ☐ siblings ☐ children ☐ stepparent/live-in

☐ uncle(s)/aunt(s) ☐ spouse/significant other ☐ other:_____

Your substance use status currently:

☐ no history of abuse ☐ early partial recovery ☐ sustained partial recovery

☐ active abuse ☐ early full recovery ☐ sustained full recovery

Substances used by you (check all that apply):

Drug	First Use Age	Last Use Age	Currently Using		Frequency	Amount
☐ alcohol	_____	_____	☐ No	☐Yes	_____	_____
☐ amphetamines/speed	_____	_____	☐ No	☐Yes	_____	_____
☐ barbiturates/downers	_____	_____	☐ No	☐Yes	_____	_____
☐ caffeine	_____	_____	☐ No	☐Yes	_____	_____
☐ cocaine	_____	_____	☐ No	☐Yes	_____	_____
☐ crack cocaine	_____	_____	☐ No	☐Yes	_____	_____
☐ hallucinogens (e.g., LSD)	_____	_____	☐ No	☐Yes	_____	_____
☐ inhalants (e.g., glue, gas)	_____	_____	☐ No	☐Yes	_____	_____
☐ marijuana or hashish	_____	_____	☐ No	☐Yes	_____	_____
☐ PCP	_____	_____	☐ No	☐Yes	_____	_____
☐ prescription	_____	_____	☐ No	☐Yes	_____	_____

Consequences of substance use/abuse (check all that apply):

☐ hangovers ☐ withdrawal symptoms ☐ sleep disturbance ☐ binges ☐ seizures ☐ medical conditions

☐ assaults ☐ job loss ☐ black outs ☐ tolerance changes ☐ arrests ☐ overdose ☐ suicide impulse

☐ relationship conflicts ☐ loss of control amount used ☐ other_____

Additional Information/ Notes

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