



# Balance - IN FOCUS, LLC

**Client Information Form:** The following information will be used to facilitate your therapy. Please fill this out as fully and accurately as you can. Thank you!

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Soc. Sec. #:** \_\_\_\_\_ **Gender:** M F **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Current Insurance information:** Policy name: \_\_\_\_\_ Insurance company \_\_\_\_\_  
policy # \_\_\_\_\_ Date on policy: \_\_\_\_\_ Do you have behavioral health coverage? \_\_\_\_\_.

**Home Address** \_\_\_\_\_

**Phone number where I can contact you and/or leave a voice message:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physician:** \_\_\_\_\_.

*\*\*If you would like me to share information with any of your other providers please let me know and I will provide you will a release of information form.*

**Current relationship status:** \_\_\_\_\_.

**With whom do you live? (Names and relationships)** \_\_\_\_\_

**Employment status:** \_\_\_\_\_

**Do you have any pending legal charges or involvement? If yes, please specify:** \_\_\_\_\_

**Are you dealing with any medical issues? Y N**

**If yes, please describe here.** \_\_\_\_\_

**Please list all medications you currently use, both prescribed and non-prescribed:**

\_\_\_\_\_

**Have you ever been hospitalized for medical reason? Y N**

**If yes, please elaborate.** \_\_\_\_\_

**Have you ever been hospitalized for psychological issues? Y N**

**If yes, please elaborate.** \_\_\_\_\_

**Have you had any problems with addiction to alcohol, drugs or prescription medications? Y N**

**If so please elaborate.** \_\_\_\_\_

**Have you seen a psychotherapist in the past? Y N**

**If so, please describe your experience.** \_\_\_\_\_

**Please let me know what you would like to achieve through our therapeutic work together.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please give a brief history of the issues you are hoping to address: (from onset to present).** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

