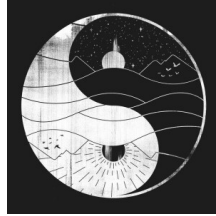


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CLIENT INFORMATION FORM

This Form is Completely Confidential

DEMOGRAPHICS:

Name: _____ Today's Date: _____

Date of Birth: ____/____/____ Pronouns _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Is it ok to contact you by email to provide feedback, updates, and scheduling information? ____

What is your current living situation? _____

Is there any information about your living situation that is important to know about?

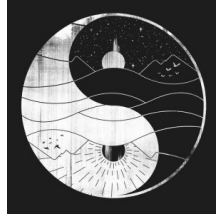
EDUCATION/WORK:

Are you still in school? If so, where and what grade? _____

Do you work? If so, in what field? What is your schedule? _____

Is there anything you would like me to know about your current school/work situation?

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MEDICAL HISTORY:

Please list all current medications that you are taking.

Name of medication/dosage _____

Prescribing Physician/Psychiatrist _____

Previous medical hospitalizations (Approximate dates and reasons):

Previous psychiatric hospitalizations (Approximate dates and reasons):

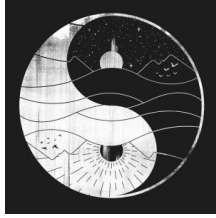
Have you been given a diagnosis with respect to psychological or developmental concerns? (If yes, please identify and/or describe)?

Have you ever talked with a counselor, psychiatrist, psychologist, or other mental health professional? How was your experience when talking with a mental health professional? What worked/did not work for you?

CURRENT NEEDS AND STRENGTHS: (Please keep in mind we will discuss this in further detail during the intake session)

What prompted you to reach out for therapy?

What is working well in your life right now?



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Is there anything else important that you would like for me to know?
