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CLIENT INFORMATION SHEET

Please print a copy for each member of family

NAME _____ HOME PHONE NO. _____
CELL NO. _____ WORK NO. _____ (circle best way(s) to contact you)

E-MAIL ADDRESS: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ CITY/STATE/COUNTRY OF BIRTH _____

STATUS: SINGLE _____ MARRIED _____ SEPARATED _____ DOMESTIC PARTNER _____ WIDOWED _____
DIVORCED _____

NAME OF PARTNER OR SPOUSE IF MARRIED _____

HOW LONG MARRIED/PARTNERED _____ WERE YOU MARRIED BEFORE? _____

IF YES, HOW LONG: _____ SECOND MARRIAGE? IF YES HOW LONG: _____

CHILDREN? NO. OF GIRLS: _____ AGES: _____ / _____ / _____ NO. OF BOYS _____ AGES: _____ / _____ / _____

EDUCATION: HIGHEST GRADE OR DEGREE _____

LIVE WITH: SELF _____ PARTNER/SPOUSE _____ CHILDREN _____ ROOMMATE _____ OTHER _____

MOTHER: LIVING _____ DECEASED, WHEN _____ FATHER: LIVING _____ DECEASED, WHEN _____

NO. OF BROTHERS: _____ ANY DECEASED: _____ NO. OF SISTERS: _____ ANY DECEASED: _____

WHAT NUMBER IN RANK ARE YOU? _____

TYPE OF WORK YOU ARE DOING NOW: _____

NAME AND ADDRESS OF EMPLOYER: _____ TEL. # _____

LENGTH OF EMPLOYMENT AT THIS POSITION: _____

PAST EMPLOYMENTS: _____

HAVE YOU HAD ANY ILLNESSES? _____

HOSPITALIZATIONS? _____ IF YES, WHY AND HOW LONG: _____

MEDICATIONS: _____ REASONS FOR MEDICATION: _____

ANY PREVIOUS COUNSELING: _____ YES _____ NO _____ IF YES, HOW LONG: _____

YES, WHAT TYPE AND WITH WHOM: _____

WHEN DID YOU DISCONTINUE? _____ WHY? _____

Why are YOU seeking therapy? And how, as a couple, did you decide to seek therapy? *(Please be as specific as possible)* _____

How (if internet-what site/sites) or by whom were you referred? _____

CLIENT RELATIONAL INVENTORY

A. Environmental Stressors:

Please describe events or changes which have occurred within the past two years. (Please include families of origin as well as immediate family).

	<u>WHO</u>	<u>WHERE</u>	<u>WHEN</u>	<u>OTHER INFO.</u>
1. Deaths?	_____	_____	_____	_____
2. Births?	_____	_____	_____	_____
3. Job Loss?	_____	_____	_____	_____
4. Job Change? (or promotion)?	_____	_____	_____	_____
5. Moved?	_____	_____	_____	_____
6. Children entering school?	_____	_____	_____	_____
7. Children leaving school?	_____	_____	_____	_____
8. Accidents?	_____	_____	_____	_____
9. Major Illness?	_____	_____	_____	_____
10. Other?	_____	_____	_____	_____

B. SATISFACTION WITHIN THE RELATIONSHIP

The numbers in the following order represent different degrees of satisfaction in your family. Please circle the number that best describes the degree of overall satisfaction in your family, all things considered. The list details some of the specific areas that, taken together make up general satisfaction within a relationship. Please circle the number that best represents your happiness with the way you and your partner/family usually interact in each area:

	Very Unsatisfied	A Little Unsatisfied	Satisfied	Very Satisfied	N/A
Our daily social interaction w/each other	1	2	3	4	N/A
Out affectionate interaction	1	2	3	4	N/A
Our sexual interaction	1	2	3	4	N/A
Our trust in each other	1	2	3	4	N/A
Our communication	1	2	3	4	N/A
The way we divide chores	1	2	3	4	N/A
The way we make decisions	1	2	3	4	N/A
The way we manage conflict	1	2	3	4	N/A
Our management of children (if any)	1	2	3	4	N/A
Amount of time spent apart	1	2	3	4	N/A
Amount of time spent together	1	2	3	4	N/A
Quality of time together	1	2	3	4	N/A
The way we support each other in crisis	1	2	3	4	N/A
The way we share financial decision making	1	2	3	4	N/A

COMMENTS:

Looking back over this list one more time, please self-reflect and suggest some ways in which a change in your own behavior might improve your satisfaction in any of the areas rated as 1. Very Unsatisfied or 2. A little Unsatisfied:-

C. GOALS OF COUNSELING

Which one of the following statement comes closest to expressing what you hope to gain from this counseling experience?

- a. ____ I hope to improve an already satisfying relationship
- b. ____ I hope to improve a relationship that now offers little satisfaction
- c. ____ I hope to decide whether to continue in this relationship
- d. ____ I hope to resolve my conflicting feelings so I can end this relationship
- e. ____ I hope to terminate this relationship amicably (and to learn to co-parent effectively, if applicable).

D. GENERAL COMMITMENT TO THE RELATIONSHIP

These questions address the level of your general commitment to your relationship. Commitment varies over time—at some times it is very strong, at other times weaker—and its level may affect your partner's or your family's willingness to try to improve the relationship. The following questions are concerned with your commitment level and some of its components. Circle the response closest to your current feelings. *Please substitute the word "family" for "partner" when applicable.*

1. What percentage of the time do you feel supported by your partner?	5%	25%	50%	75%	95%
2. What percent of the time do you feel your partner brings out the best in you?	5%	25%	50%	75%	95%
3. What percentage of the time do you feel proud to tell other about your partner?	5%	25%	50%	75%	95%
4. What percentage of the time do you think your partner feels supported by you?	5%	25%	50%	75%	95%
5. What percentage of the time do you feel that you bring out the best in your partner?	5%	25%	50%	75%	95%
6. What percentage of the time do you think your partner is proud to tell others about his/her relationship with you?	5%	25%	50%	75%	95%
7. What percentage of the time that you spend with your partner is enjoyable for you?	5%	25%	50%	75%	95%
8. What percentage of the time do you spend together do you think is enjoyable for your partner?	5%	25%	50%	75%	95%
9. How committed are you to remaining in this relationship?	5%	25%	50%	75%	95%
10. How committed do you think your partner is to remaining in this relationship?	5%	25%	50%	75%	95%

Time you both/the family could attend regular counseling sessions: Days: _____

Please list at least three different possibilities Hours: _____

Signature & Date: _____