JAMI FALETTI
COUPLES THERAPIST
MA | MFT

CLIENT HISTORY

Name: ____________________________________ Date: ___/___/___

Current Symptom Checklist *(Check all symptoms currently present)*

- ☐ depressed mood
- ☐ appetite disturbance
- ☐ sleep disturbance
- ☐ elimination disturbance
- ☐ fatigue/low energy
- ☐ irritability
- ☐ poor concentration
- ☐ poor grooming
- ☐ mood swings
- ☐ agitation
- ☐ emotionality
- ☐ obsessions/compulsions
- ☐ grief
- ☐ hopelessness
- ☐ 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 condition
- ☐ emotional trauma survivor
- ☐ physical trauma survivor
- ☐ sexual trauma survivor
- ☐ substance use concerns/abuse
- ☐ other: ______________________

Emotional/Psychiatric History

Prior ***out***patient psychotherapy? ☐ No ☐ Yes

Name of most recent therapist: ____________________ Reason for therapy: ______________________

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

Prior ***in***patient treatment for a 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 a psychiatric, emotional, or substance use issue? ☐ No ☐ Yes

If yes, who/ why:____

Additional Information:

____

____

____

____

____

____

Relationships

Intimate relationship:

☐ never been in a serious relationship ☐ not currently in a relationship ☐ currently in a serious relationship ______yrs in current relationship

Marital status:

☐ single, never married
☐ engaged for _____ months
☐ married for _____ years
☐ live-in for _____ years
☐ separated for _____ years
☐ divorce in process _____ months
☐ divorced for _____ years
☐ _____ prior marriages *(self)*
☐ _____ prior marriages (*partner*)

Relationship satisfaction:

☐ very satisfied with relationship
☐ satisfied with relationship
☐ somewhat satisfied with relationship
☐ dissatisfied with relationship
☐ very dissatisfied with relationship

Briefly describe any significant issues in ***intimate*** relationships:

____

____

____

Sexual history:

☐ heterosexual orientation
☐ homosexual orientation
☐ bisexual orientation
☐ currently sexually active
☐ currently sexually satisfied
☐ currently sexually dissatisfied
☐ history of promiscuity
☐ history of unsafe sex

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
☐ normal home environment
☐ chaotic home environment
☐ neglectful home environment
☐ experienced physical/verbal/sexual abuse
☐ 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
☐ separated from each other
☐ divorced for ______years
☐ mother remarried ____times
☐ mother involved w/someone
☐ mother widowed
☐ father remarried____times
☐ father involved w/someone
☐ father widowed

Medical History

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

Physician Name:________________________ Phone: ________________ Last Exam: ___/___

Psychiatrist Name (if any):________________ Phone: ________________ Last Visit: ___/___

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 known 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 of 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/Recreational History

Currently active in community/recreational activities? ☐ No ☐ Yes
Formerly active in community/recreational activities? ☐ No ☐ Yes
Currently engage in hobbies? ☐ No ☐ Yes
Currently participate in cultural/spiritual/religious activities? ☐ No ☐ Yes

Substance Use History

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

☐ father ☐ mother ☐ grandparent(s) ☐ sibling(s) ☐ 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	______	______
☐ other: ______	______	______	☐ 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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____
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____
____
____
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________________________ ___/___/___

Client Signature Date