



# Liminal Solutions

Psychotherapy and Consulting, LLC

## Client History

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Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If you were a client here before, please fill in only the information that has changed.

### A. Identification

Your legal name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names you have used (your birth name/family name, nicknames, aliases): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_ ☐ Other ID #: \_\_\_\_\_

☐ Gender identity: \_\_\_\_\_ ☐ Talk about later

☐ Physical ableness status: \_\_\_\_\_ ☐ Talk about later

☐ Sexual orientation: \_\_\_\_\_ ☐ Talk about later

☐ Racial/ethnic identities: \_\_\_\_\_ ☐ Talk about later

☐ Religious/spiritual traditions or identity: \_\_\_\_\_ ☐ Talk about later

Other ways you identify yourself and consider important: \_\_\_\_\_

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### A note to my clients:

*My psychology practice does not discriminate against clients because of any of the following factors: age; sex/gender; sexual orientation; marital, committed partnership, or family status; race; color; religious beliefs; ethnic origin; place of residence; veteran status; physical ableness status; health status; or criminal record unrelated to present dangerousness. This is a personal commitment, as well as a requirement by some federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial, ethnic, and cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately. Thank you. –S. Ileana Lindstrom, PhD*

### B. Emergency information

If some kind of emergency arises and I cannot reach you, whom should I call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### C. Referral

Who gave you my name to call? Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did this person explain how I might be of help to you? \_\_\_\_\_

Is this person's relationship with you ☐ personal or ☐ professional?

If professional, may I let this person know that you have come to see me?

☐ No ☐ Yes, and I will provide my written consent on an *Authorization to Release Confidential Information and Records* form before that contact is made.

### D. Current problems or difficulties

Please describe the main concerns that led you to come to see me at this time in your life: \_\_\_\_\_

When did these concerns start? \_\_\_\_\_

What makes these concerns worse? \_\_\_\_\_

What makes these concerns better? \_\_\_\_\_

With psychotherapy, how long do you think it will take for these concerns to resolve or get a lot better? Please check one of the following:

☐ 1-10 sessions ☐ 10-20 sessions ☐ 20 or more sessions

☐ longer-term, ongoing psychotherapy

### E. Your medical care

From whom do you get your medical care? Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Results of your last physical exam: \_\_\_\_\_

If you enter treatment with me for psychological concerns, may I tell your medical doctor so that she or he can be fully informed and we can coordinate your treatment?

Please check one: ☐ No ☐ Yes, and I will provide my written consent on an *Authorization to Release Confidential Information and Records* form.

Rate your general level of health: ☐Excellent ☐Good ☐Fair ☐Poor ☐Extremely poor

Current medications	For what condition?	Prescribed and supervised by:

### F. Your education and training

How many years of school have you had (including elementary and high school)? \_\_\_\_years

Degrees/certificates: \_\_\_\_\_Field(s) of study: \_\_\_\_\_

\_\_\_\_\_

### G. Employment and military experiences

Current occupation: \_\_\_\_\_

Current employer: \_\_\_\_\_Date hired: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_State: \_\_\_\_\_Zip: \_\_\_\_\_

Previous employment history:

From (date)	To (date)	Name of employer	Job title or duties	Reason for leaving

Present salary: \$\_\_\_\_\_ Total yearly family income: \$\_\_\_\_\_

How much debt do you have? \$\_\_\_\_\_

Have you ever declared bankruptcy? ☐ No ☐ Yes

When? \_\_\_\_\_ Why? \_\_\_\_\_

Have you been in the military? ☐ No ☐ Yes: From: \_\_\_\_\_ to: \_\_\_\_\_

Highest rank held? \_\_\_\_\_

**H. Family-of-origin history**

*1. Members of your family as you grew up (continues on next page)*

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Parent/ Guardian 1					
Parent/ Guardian 2					
Stepparents					

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Brothers					
Sisters					
Grandparents					
Uncles/aunts					

If you were adopted or raised by caregivers other than your biological parents, how old were you when this started? \_\_\_\_\_

Briefly describe your relationship with your brothers and/or sisters: \_\_\_\_\_

Which of the following best describes the family in which you grew up?

☐ Warm/accepting   ☐ Average

☐ Hostile/fighting   ☐ Other: \_\_\_\_\_

2. Parent/Guardian 1      Name: \_\_\_\_\_

Please describe this caregiver: \_\_\_\_\_

How did this person discipline you? \_\_\_\_\_

How did this person reward you? \_\_\_\_\_

How much time did this person spend with you when you were a child?

☐ A lot   ☐ Average   ☐ Little

How did you get along with this person when you were a child?

☐ Poorly   ☐ Average   ☐ Well

How do you get along with this person now?

☐ Poorly   ☐ Average   ☐ Well   ☐ Does not apply

Did this person have any problems (e.g., alcoholism, violence) that may have affected your childhood development?   ☐ Yes   ☐ No   ☐ Don't know

Is or was there anything unusual about this relationship?   ☐ No   ☐ Yes: \_\_\_\_\_

3. Parent/Guardian 2      Name: \_\_\_\_\_

Please describe this caregiver: \_\_\_\_\_

How did this person discipline you? \_\_\_\_\_

How did this person reward you? \_\_\_\_\_

How much time did this person spend with you when you were a child?

☐ A lot   ☐ Average   ☐ Little

How did you get along with this person when you were a child?

☐ Poorly   ☐ Average   ☐ Well

How do you get along with this person now?

☐ Poorly ☐ Average ☐ Well ☐ Does not apply

Did this person have any problems (e.g., alcoholism, violence) that may have affected your childhood development? ☐ Yes ☐ No ☐ Don't know

Is or was there anything unusual about this relationship? ☐ No ☐ Yes: \_\_\_\_\_

### I. Your significant nonmarital relationships (past and present)

Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending

### J. Marital/Committed couple relationship history

	Spouse's/partner's name	His/her age at marriage/commitment	Your age at marriage/commitment	Your age when relationship ended	Has he/she remarried or committed to another?
First					
Second					
Third					

### K. Children

In the last column below, indicate children from your current marriage with "C," children from a previous marriage or relationship with "P," and your current stepchildren with "S."

Name	Current age	Sex	School	Grade	Adjustment or health problems?	C? P? S?

### L. Religion and/or Spirituality

What role, if any, does faith or spirituality play in your life? \_\_\_\_\_

What is your present religious affiliation, if any? \_\_\_\_\_



**M. What is the primary language spoken in your current home?** \_\_\_\_\_

**N. Other**

What are your major strengths? \_\_\_\_\_

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List 5 of your behaviors that you hope to change: \_\_\_\_\_

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What solutions have you tried for the concerns that bring you here? \_\_\_\_\_

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Please describe your hopes and dreams: For yourself? For others? \_\_\_\_\_

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What things worry you most? Do you have significant fears we should be addressing?

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Is there anything else that is important for me to know about, and that you have not written about on any of these forms? ☐ No ☐ Yes, and I have written about it below and/or on the next page.

**Client's additional responses:**

**When completed, this *Client History* form is a strictly confidential client medical record. Redisclosure or transfer of it without the client's written consent is expressly prohibited by law.**