The Art of Family
North County Family Counseling Center

CLIENT INFORMATION FORM

Name: _____ **Date of Birth:** _____ **Age:** _____

Complete Address: _____

Home Telephone: _____ **May we leave a message?** ☐ *Yes* ☐ *No*

Cell Phone or Other: _____ **May we leave a message?** ☐ *Yes* ☐ *No*

Email Address: _____ **May we leave a message?** ☐ *Yes* ☐ *No*

Emergency Contact: _____

Telephone: _____ *Relationship:* _____

Marital Status: _____ **Spouse's Name (if applicable):** _____

Married how long? _____

Children? *(Please list your children, their ages and grades in school)*

_____

_____

_____

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? ☐ *Yes* ☐ *No*

Have you had previous psychological counseling? ☐ *Yes* ☐ *No*

Previous counselor's name and location: _____

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
335 Main Street, Vista, CA 92084 t. (760) 505-8463 f. (760) 639-4639 e. kmattox@The-Art-of-Family.com
www.The-Art-of-Family.com

The Art of Family
North County Family Counseling Center

Current Medications:

1. _____	**4.** _____	**7.** _____
2. _____	**5.** _____	**8.** _____
3. _____	**6.** _____	**9.** _____

HEALTH AND SOCIAL ISSUES

How is your physical health at the moment?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very Good

Please indicate any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):

_____

_____

_____

Are you having any problems with your sleep habits? ☐ Yes ☐ No

☐ Sleeping too little ☐ Sleeping too much ☐ Poor quality sleep

☐ Disturbing dreams ☐ Other _____

How many times per week do you exercise? _____For about how long each time? _____

Are you having any difficulty with appetite or eating habits? ☐ Yes ☐ No
(If yes, check where applicable)

☐ Eating less ☐ Eating more ☐ Binging

☐ Restricting ☐ Other _____

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
335 Main Street, Vista, CA 92084 t. (760) 505-8463 f. (760) 639-4639 e. kmattox@The-Art-of-Family.com
www.The-Art-of-Family.com

The Art of Family
North County Family Counseling Center

Any significant weight change in the last few months? ☐ Yes ☐ No

☐ Gained _____lbs. ☐ Lost _____lbs.

Do you regularly use alcohol? ☐ Yes ☐ No

How often do you engage in recreational drug use?

☐ Daily ☐ Weekly ☐ Monthly

☐ Rarely ☐ Never

Do you consider this drug use a problem? ☐ Yes ☐ No ☐ Unsure

Have you had suicidal thoughts recently?

☐ Frequently ☐ Sometimes ☐ Rarely

☐ Never

Have you had suicidal thoughts in the past?

☐ Frequently ☐ Sometimes ☐ Rarely

☐ Never

Have you intentionally inflicted any harm upon yourself? ☐ Yes ☐ No ☐ Unsure

In the past, how would you rate the quality of your peer relationships?

☐ Very poor ☐ Unsatisfactory ☐ Above Average

☐ Good ☐ Excellent

Besides family members, approximately how many people can you really count on right now for friendship or emotional support? _____

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
335 Main Street, Vista, CA 92084 t. (760) 505-8463 f. (760) 639-4639 e. kmattox@The-Art-of-Family.com
www.The-Art-of-Family.com

The Art of Family
North County Family Counseling Center

FAMILY BACKGOUND

Please list the members of your current family, including ages and occupations (e.g. father, 42, lawyer; stepmother, 40, teacher; brother, 16, student etc.)

_____

_____

_____

Please check any past, present, or impending special problems or issues in your family:

- ☐ Deaths
- ☐ Drug abuse
- ☐ Unemployment
- ☐ Divorce
- ☐ Serious illness
- ☐ Legal problems
- ☐ Frequent relocations
- ☐ Psychiatric disorder
- ☐ Attempted suicide
- ☐ Debilitating injuries
- ☐ Physical abuse
- ☐ Completed suicide
- ☐ Debilitating disabilities
- ☐ Sexual abuse
- ☐ Eating disorders
- ☐ Alcohol
- ☐ Financial crisis
- ☐ Other? _____

Have you personally experienced significant family abuse?

- ☐ None
- ☐ Unsure
- ☐ Emotional
- ☐ Physical
- ☐ Sexual

Have you personally experienced legal problems ☐ Yes ☐ No

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
335 Main Street, Vista, CA 92084 t. (760) 505-8463 f. (760) 639-4639 e. kmattox@The-Art-of-Family.com
www.The-Art-of-Family.com

The Art of Family
North County Family Counseling Center

Did you experience learning problems in school? (check one)

☐ None ☐ Little ☐ Some

☐ Substantial ☐ A constant struggle

In general, how happy or adjusted were you growing up? (check one)

☐ Poor ☐ Unsatisfactory ☐ About average

☐ Substantial ☐ Completely

How much is your immediate family a source of emotional support for you? (check one)

☐ None ☐ Little ☐ Somewhat

☐ Substantial ☐ Very strong

How much conflict in values do you currently experience with your parents? (check one)

☐ Very little or none ☐ Some ☐ Moderate

☐ Strong ☐ Extreme

Who in your family do you currently feel closest to? _____

Most distant from? _____ In most conflict with? _____

Please briefly describe the issue you most wish help with right now:

_____

_____

_____

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
335 Main Street, Vista, CA 92084 t. (760) 505-8463 f. (760) 639-4639 e. kmattox@The-Art-of-Family.com
www.The-Art-of-Family.com

The Art of Family
North County Family Counseling Center

How would you rate the intensity of the problem or concern that you would like to discuss?
(Circle the appropriate number)

1 Very little or none	2 Some	3 Moderate
4 Strong	5 Extreme	6 Intense

Approximately how long have you been dealing with the current problem or concern? _____

In what ways have you attempted to cope with the current issue?

_____

_____

_____

What would you like to achieve through counseling?

_____

_____

_____

_____

_____

_____

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
335 Main Street, Vista, CA 92084 t. (760) 505-8463 f. (760) 639-4639 e. kmattox@The-Art-of-Family.com
www.The-Art-of-Family.com