

Dipoto Counseling Group

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CLIENT INFORMATION FORM

Full Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____
(Street) (City) (State) (Zip code)

Marital Status: _____ Date married (if applicable): _____

Employer: _____ Occupation: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Referred to Practice By: _____

Address: _____ Phone: _____

To (re)schedule or confirm appointments, where may I call?

Home: Yes No **Work:** Yes No **Cell:** Yes No

May I leave a message on the answering machine? Yes No

May I leave a message with someone at this number? Yes No

Please list any restrictions: _____

Whom may I contact in case of an emergency?

Name: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Please complete the following:

In the space below, please briefly describe the reason(s) for seeking services:

When did this problem begin?: _____

Have you ever had previous counseling or psychotherapy? Yes No

If “yes,” by whom and when? _____

Reason for treatment? _____

Are you currently taking any psychotropic medication (e.g. antidepressants, anti-anxiety, etc.)?

Yes No *If yes, list medication(s) and current dosage(s):* _____

Name of Psychiatrist: _____ Phone: _____

Allergies to food or drug?: _____

Have you ever been psychiatrically hospitalized? Yes No *If so, when and where?*

Have you ever made a suicide attempt/gesture? Yes No *If so, please explain:*

Please use the scale below to indicate your current level of distress with the following items:

	No	Some	Moderate	Urgent
	Concern			
Feelings over a recent loss/death	0	1	2	3
Relationship with friends /family	0	1	2	3
Relationship with romantic partner	0	1	2	3
Sexual concerns	0	1	2	3
Sexual orientation	0	1	2	3
Survivor of abuse	0	1	2	3
Racial/ethnic issues	0	1	2	3
Low self-esteem	0	1	2	3
Loneliness	0	1	2	3
Depression	0	1	2	3
Anxiety	0	1	2	3
Fears/worries	0	1	2	3
Sleep problems	0	1	2	3
Eating problems	0	1	2	3
Body image concerns	0	1	2	3
Problems with alcohol/drugs	0	1	2	3
Losing contact with reality	0	1	2	3
Suicidal feelings/behaviors	0	1	2	3