

**Kristi Dean Frye, Ph.D., LPC
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Client Background Information

Please answer all of the information as completely as possible. Information given is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed.

Name: _____ Date of First Visit _____

Address: _____ City _____ Zip Code _____

Home Phone: _____ (May leave message: Yes No) Work Phone: _____ (May leave message: Yes No)

Cell Phone: _____ (May leave message: Yes No) Other Phone: _____ (May leave message: Yes No)

Date of Birth ____/____/____ Age _____ SS# _____

Have you ever seen a mental health professional (psychiatrist, psychologist, or a counselor)? Yes No

If yes: Previous Mental Health Professional/Agency _____

Phone _____ Dates of Service _____ (beginning - ending)

Have you ever been hospitalized for mental health concerns? Yes No

If yes: When _____ Where _____

*** PAYMENT INFORMATION***

Guarantor Name: _____ D.O.B. _____

Credit Card Number _____

Expiration Date _____ Code _____)

Billing Address (if different from above) _____

If you would like to make payment by credit card please enter the information above. The card will be placed on file with the business office for payment of services. Your signature below indicates you authorize Kristi Frye, PhD, LPC to bill the above credit card for payment of professional services.””

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Client/Guarantor Signature

Date

*** GENERAL INFORMATION ***

Clients' current household:

List by Household your current family

Name	Age	Gender	Relationship to you (include step, half, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently involved in a custody dispute: No Yes (If yes, explain)

*** CLIENT'S HEALTH ***

Primary Care Physician: _____
Name Phone

Physical Disability: Yes No (If yes, explain) _____

Chronic Illness: Yes No (If yes, explain) _____

Terminal Illness: Yes No (If yes, explain) _____

What medication are you currently taking?

Medication	Dosage	Taken for what reason?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

*** FAMILY HISTORY/EXPERIENCES ***

Current Family Stressors:

Chronic illness of family member ___ Death of significant person ___ Domestic Violence ___
Family member absent (explain) _____
Family member's disability/major accident/illness ___
Family member emotional problems (explain) _____
Family member suicide (explain) _____
Financial problems ___ Moved a lot ___ Frequent Arguing ___ Divorce ___
Other _____

History of emotional/behavioral problems: Yes No

(If yes, please explain) _____

History of alcohol/drug/substance abuse: Yes No

(If yes, please explain) _____

History of family violence: Yes No

(If yes please explain) _____

History of criminal activity: Yes No

(If yes, please explain) _____

*** CURRENT CONCERNS ***

Please mark the following items that apply.

- Abuse (physical, emotional, sexual)
- Adjustment to life changes (moving, getting married or divorced, aging, etc.)
- Drug or alcohol use (both legal and illegal drugs)
- Eating problem (purging, bingeing, overeating, hoarding, severely restricting diet)
- Family or Stepfamily relationship problems
- Feeling angry or irritable
- Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, lacking trust, etc.)
- Feeling sadness or depression NOT related to grief
- Feeling sadness or depression related to grief
- Health concerns (physical complaints and/or medical problems)
- Illegal behaviors (runaway, stealing, fire setting, truancy, etc.)
- Non-family relationship problems (co-workers, peers, etc.)
- Parent-Child relationship (discipline, adoption, single parent, etc.)
- Sexual concerns (excessive masturbation, inappropriate acting out)
- Sleep problem (nightmares, sleeping too much or too little, etc.)
- Suicidal Ideation (thoughts of death, wanting to die)
- Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems, etc.)
- Other (explain) _____

Briefly describe the problem that has brought you to therapy _____

How were you referred? _____
