# CLIENT DEMOGRAPHIC FORM

**Name:____________________** **Date:_________**

## PERSONAL DATA

Name:
______________________________________________________________________________

(First) (Middle) (Last)

Maiden &/or Married Names: _______________________ Nickname/Alias Names use: ______________________

Date of Birth: ____-____-____ Age: ______ Social Security #: ______-______-______

Place of Birth: _______________ Sex/Gender: ______________ Race: ______

## RESIDENTIAL INFORMATION

Current Address: ______________________________________________________________________________

Street Apt/Lot# City/State Zip Code

How long have you been at current address? ___________________________________

Home Phone #: __________________ Work Phone #: ___________________Cellular Phone #:______________

E-mail address: ___________________________________________

PLEASE LIST ALL THE PEOPLE WHO ARE PRESENTLY LIVING WITH YOU:

Name Relationship Age

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

## FAMILY INFORMATION

**Father:** ________________________________________________________ **Age:** __________________

Address: ______________________________________________________________________________

Employer: _____________________________

**Mother:** ________________________________________________________**Age:** _________________

Address: ______________________________________________________________________________

Employer: ______________________________

Revised 5/10/2019

**Step-Father**: ____________________________________________________**Age**: _______________
Address: ____________________________________________________________________________________
Employer: _______________________________

**Step-Mother**: ___________________________________________________**Age**: ________________
Address: ______________________________________________________

**Brother/Sisters:**
**Name:** __________________________________________________________**Age**: ________________
Address: ___________________________________________________________________________________

**Name:** __________________________________________________________**Age:** ________________
Address: ___________________________________________________________________________________

**Name:** __________________________________________________________**Age**: ________________
Address: ___________________________________________________________________________________

**Name:** __________________________________________________________**Age**: ________________
Address: ___________________________________________________________________________________

**Name:** __________________________________________________________**Age**: ________________
Address: ___________________________________________________________________________________

## MARITAL INFORMATION

Current Status (**Circle one):** Single ☐ In Relationship ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Name of Spouse/Significant Other/ Currently in Relationship with: _________________ Age: _________________

## CHILDREN

**Name:** _______________________________________ **Age**: ___________________________________

Address: _____________________________________

Sex/gender: ______________ Child Lives with: _________________________________________________

Amount of court-ordered financial support (if applicable): _______________________________________

**Name:** _______________________________________ **Age**: ___________________________________

Address: _____________________________________

Sex/gender: ______________ Child Lives with: ________________________________________________

Amount of court-ordered financial support (if applicable): ________________________________________

**Name:** ________________________________________ **Age**: ___________________________________

Address: ______________________________________

Sex/gender: ______________ Child Lives with: ________________________________________________

Amount of court-ordered financial support (if applicable): ________________________________________

**Name:** ________________________________________ **Age**: ___________________________________

Address: ______________________________________

Sex/gender: ______________ Child Lives with: ________________________________________________

Amount of court-ordered financial support (if applicable): ________________________________________

## EDUCATIONAL INFORMATION

**CURRENT SCHOOL STATUS:** Are you currently enrolled in school? _______ Yes _______ No

Highest grade completed when in School _____ Year graduated: ________________ Year obtained GED? ______

High school Attended:___________________________________________________________________________

College: _____________________________________________________________________________________

Technical School/Trade School: _________________________________________________________________

## EMPLOYMENT STATUS

Current Employer: ________________________________

Hrs: (Days and Times of Week) ___________________________________________________________________

Address: ___________________________________________________ Phone: ____________________________

Occupation/Title: ____________________________________________ Hire Date: __________________________

Hourly Wage/Salary: __________________________________________ Annual Income: _____________________

**MOST RECENT PREVIOUS EMPLOYER**

1) Employer: ___________________________ Occupation: ____________________________
   Dates of employment: ____________________ Reason for termination: ________________

**FINANCIAL INFORMATION**

Your Monthly Income (Approximate): $_____________________________

Spouse/Partner Monthly Income (Approximate): $_____________________________

Other (public assistance, trust fund, etc.): $_____________________________

Sources of Income (**check all that apply**): $______________________________

_____Salary from Job _____Social Security ______SSI ______Retirement/Pension
_____WIC vouchers _____Section 8 Housing ______Title 20 ______AFDC
_____Child Support _____ Food Stamps ______Disability ______Other (specify): ______

Estimate the total amount of your average monthly living expenses: $ __________________

Do you feel you have ever had a problem with betting money or gambling including playing the lottery?

_____Yes ______No

## LEGAL HISTORY (Juvenile and/or Adult)

**EVER BEEN CHARGED OR CONVICTED** for a criminal offense? (Misdemeanor or Felony)
____Yes _____No

Have you **EVER BEEN CHARGED OR ADJUDICATED** with an offense as a Juvenile?
_____Yes _____No

## If yes to either, please list below

| **Offense - Juvenile** | **County** | **Date** |
|---|---|---|
| __________________ | ________________ | ____________________ |
| __________________ | ________________ | ____________________ |
| __________________ | ________________ | ____________________ |
| __________________ | ________________ | ____________________ |

| **Offense – Adult** | **County** | **Date** |
|---|---|---|
| __________________ | ________________ | ____________________ |
| __________________ | ________________ | ____________________ |
| __________________ | ________________ | ____________________ |
| __________________ | ________________ | ____________________ |

**(If additional space is needed, please use back of this document)**

## MISCELLANEOUS DEMOGRAPHIC DATA

**Current Driver's License Status (Circle one):** Valid Suspended Never Licensed Expired

Driver's License #: ___________________________ State Issued: __________________________________

Do you have a vehicle? _____Yes _____No if yes, list make and model: ______________________

If license suspended, what is the reason? ____________________________________________________________

**Military History: Branch of Service (Please check appropriate line if you served in the military):**

____Army ____Navy ____Air Force ____Marines _____Coast Guard _____National Guard

Did you participate in combat in the military? ____ Yes _____ No **Please list location:** ____________________

Dates of Service: ____________________ to _______________ Type of Discharge: ________________________

## HISTORY/MEDICAL PROBLEMS

Please rate your current physical health: _____Excellent _____Good _____Fair ______Poor

**Family Doctor:** ______________________________________________________________

Address and Phone Number: __________________________________________________________

**Other Doctors?** _______________________________________________________________

Address and Phone Number: __________________________________________________________

**Please list any history of medical problems and/or any current problems/conditions:**

_____________________________________________________________________________

Do you have medical insurance? ______Yes _____No

If yes, who is your insurance carrier? ________________________________________________

Are you taking any prescription or over-the-counter medications at this time? ______Yes _____No

If yes, please list names of medications:

Med: _________________ Dosage: ____ Dr. Prescribing: _______________ Ph# _________________________

Med: ________________ Dosage: ____ Dr. Prescribing: _______________ Ph #_________________________

Med:________________ Dosage: ____ Dr. Prescribing: ______________ Ph# _________________________

Med:________________ Dosage: ____ Dr. Prescribing: ______________ Ph #_________________________

Any changes in health? If yes, describe ____________________________________________________

**Have you ever experienced any of the following?**

Severe Anxiety ☐ Yes ☐ No
Depression (Lasting more than 2 weeks) ☐ Yes ☐ No
Thoughts of Suicide ☐ Yes ☐ No
Attempts at Suicide ☐ Yes ☐ No
Temper Problems ☐ Yes ☐ No
Anger Problems ☐ Yes ☐ No
Sleep Disturbance ☐ Yes ☐ No
Long Periods of Fatigue ☐ Yes ☐ No
Feelings of Hopelessness ☐ Yes ☐ No
Weight Changes ☐ Yes ☐ No
Tendency Towards Violence ☐ Yes ☐ No
Thoughts of Homicide ☐ Yes ☐ No
Financial Loss Due to Gambling ☐ Yes ☐ No

## SUBSTANCE ABUSE INFORMATION

Have you ever used alcohol? ____________Yes ______________No

Have you ever used illegal drugs? ____________Yes ______________No

PLEASE LIST any prescription or nonprescription substances including alcohol you have used within the last 48Hours:

| Medication | Reason Prescribed | Dosage | Doctor |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please **CIRCLE** any of the following you have experienced due to either alcohol and/ or drug use:

| | | |
|---|---|---|
| Hangovers/Headaches | Passing out | Personality changes |
| Shakes/Tremors | Blackouts | Depression |
| Convulsions/Seizures | Vomiting | Hallucinations |
| DT's | Overdose | Sleep Disturbances |
| Tolerance | Loss of control over use | |
| Repeated attempts to cut down on use | | Use of alcohol/drugs to avoid withdrawal |

**Do you feel your Substance use has ever had a harmful effect on any of the following areas of your life?**

Social Life/Friendship ☐ Yes ☐ No
Relationship with Family ☐ Yes ☐ No
Relationship with Children ☐ Yes ☐ No
Overall home life ☐ Yes ☐ No
Where you live ☐ Yes ☐ No
Money/Finances ☐ Yes ☐ No
Your Job/Employment ☐ Yes ☐ No
Your overall outlook on life ☐ Yes ☐ No

Do you believe you have a problem with alcohol and/ or drugs? _____yes _____No _____Unsure

Would you consider yourself a:
_____recreational user
_____substance abuser
_____addicted or dependent

In the future, do you want to?
_____quit using completely
_____ control or reduce your substance use
_____make no changes in regard to your substance use
_____other, please explain: ______________________________________________________________

**On a scale of 1-10, how important is it to you to make a change in your drinking/drugging behavior?**

1 2 3 4 5 6 7 8 9 10

Not at all Important — Somewhat Important — Extremely Important

**On a scale of 1-10, how ready are you to make a change?**

1 2 3 4 5 6 7 8 9 10

Not at all Important — Somewhat Important — Extremely Important

**On a scale of 1-10, how confident are you that you could make a change if you wanted to?**

1 2 3 4 5 6 7 8 9 10

Not at all Important — Somewhat Important — Extremely Important

[U] – Have you ever spent more time drinking or using drugs than you intended? ____ Yes ___ No

[N] - Have you ever neglected some of our usual responsibilities because of using alcohol or drugs? ___ Yes___ No

[C] - Have you ever wanted to cut down on your drinking or drug use? ___ Yes ___ No

[O] – Have anyone ever objected to your drinking or drug use? ___ Yes ___ No

[P] - Have you ever been preoccupied with drinking or using drugs? That is, have you ever found yourself thinking a lot about drinking or using? ___ Yes ___ No

[E] Have you ever used alcohol or drugs to relieve emotional discomfort? (anger, sadness) ___ Yes ___ No

**Longest period of sobriety?** ______________________________________________

**Previous Psychiatric and Chemical Dependency Treatment**

| Check Any/All Levels of Previous Treatment | Dates | Provider/Agency | Reason for Treatment | Completed Y or N | Court Ordered? |
|---|---|---|---|---|---|
| ☐ Outpatient | | | | | |
| ☐ Partial | | | | | |
| ☐ Intensive Outpatient | | | | | |
| ☐ Inpatient | | | | | |

| ☐ Sober Living Home | | | | | |
|---|---|---|---|---|---|
| ☐ Other (Education) | | | | | |

If you participated in a substance treatment program how long did you remain clean/sober after you completed the program(s)? ___________________________________________________________________________

Do you feel you are in need of treatment for substance use or any other type of addictive behavior?

______Yes ______No ______Unsure

Comments: (Please indicate anything you would like for us to know at time of assessment).
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________