SAN DIEGO
BEHAVIORAL MEDICINE

CLIENT INFORMATION

The information you provide below will be used to plan your treatment and is held strictly confidential. You may leave any item blank if you do not feel comfortable answering it. Thank you in advance for your efforts.

Name: _____ Date: _____/_____/_____
Last, First

Highest Level of Education Completed: _____

Cultural Background

Race/Ethnicity: _____ Does your family speak any other languages? ☐ No ☐ Yes: _____

Religious Involvement: _____

Medical History

1. Do you have any skin or other allergies? ☐ No ☐ Yes If Yes, please describe: _____

_____

2. Do you have any existing medical conditions? ☐ No ☐ Yes

If Yes, please list the condition(s) and how long you have been dealing with each: _____

_____

3. Have you ever stayed overnight in a hospital for medical, mental health, or substance abuse reasons? ☐ No ☐ Yes

If Yes, please list the year(s), reason(s), and duration of each stay: _____

_____

4. Please describe any other major medical illnesses or accidents in the past and when they occurred: _____

_____

5. Please list all medications you are currently taking:

Medication	Dosage	Frequency	Reason

6. If any of your family members have had any major medical medical (e.g., cancer, diabetes, hepatitis, high blood pressure) problems, please describe the condition(s) and how that person is related to you.

_____

_____

Health Characteristics

1. Are you having any difficulties with sleep? ☐ No ☐ Yes a. If Yes, How long has this been a problem? _____
   ☐ Trouble falling asleep ☐ Trouble staying asleep ☐ Sleeping too much ☐ Not feeling rested
2. During the past two weeks, how many hours do you usually sleep per night? _____
3. Are you having any concentration or memory difficulties? ☐ No ☐ Yes
   a. If Yes, How long has this been a problem? _____
4. Difficulties with your appetite or eating habits? ☐ No ☐ Yes If Yes, how long has this been a problem? _____
   ☐ Eating more ☐ Eating less ☐ Restricting food intake ☐ Forcing self to eat
5. During the last 12 months, how often do you exercise for ≥ 30 minutes?
   ☐ Daily/Nearly everyday ☐ 3-4 days/week ☐ 1-2 days/week ☐ < 1 day/week ☐ < 1 day/month
6. Substance Use

	Date of Last Use	Quantity & Frequency of current use
Caffeine:		
Alcohol:		
Cigarettes:		
Marijuana:		
Sleeping pills/Diet pills:		
Cocaine/Methamphetamine/Heroin/PCP/Hallucinogens:		

Legal Background

1. Are you currently involved in any lawsuits? ☐ No ☐ Yes ☐ Uncertain

   If Yes or Uncertain, explain: _____

Relationships

1. Who do you live with? _____
2. List children, if any, and their ages:

   _____

   _____
3. How often do you see or talk to friends? ☐ Daily ☐ Weekly ☐ 2-3 times/month ☐ < once per month ☐ Never
4. Who do you confide in? _____

Personal History

1. Birth order: _____ of _____ children born to biological parents
2. Where were you born and raised? _____
3. Please list all siblings (including step- if you lived with them) and their ages:

   _____

   _____
4. Describe any noteworthy family dynamics during childhood and/or currently:

   _____

_____

_____

5. Please rate the quality of your childhood: ☐ happy ☐ neutral ☐ unhappy

6. Were you ever abused as a child? ☐ No ☐ Yes

   If Yes, indicate types of abuse: ☐ emotional ☐ physical ☐ sexual

7. Have you ever been a victim of rape, assault, or violent crime as an adult? ☐ No ☐ Yes

8. Have you ever been witness to domestic or street violence? ☐ No ☐ Yes

9. Did you experience the death of a parent, close friend, sibling, or close relative as a child? ☐ No ☐ Yes

10. Are you a survivor of any violent or terrorizing political circumstances? ☐ No ☐ Yes

11. Did you experience any unusual events (early/late development, traumatic life events, etc.) that occurred during:

Infancy	☐ No	☐ Yes	_____
Childhood	☐ No	☐ Yes	_____
Pre teen years	☐ No	☐ Yes	_____
Teenage years	☐ No	☐ Yes	_____
Early Adult years	☐ No	☐ Yes	_____
Adulthood	☐ No	☐ Yes	_____

Additional Comments or Concerns

I will be asking you more questions during our initial session, but to be sure I do not overlook anything, please describe anything else about yourself or your concerns you think I should know about that may guide our work together.