



RAINFALL
— MEDICINE —

Confidential Client Information

Welcome to the practice. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment.

1. Name: _____

2. Address: _____

3. Home phone: _____ Cell phone: _____

4. Email: _____

5. Birthdate: _____

6. Occupation: _____

7. Emergency contact: _____
Relationship to you: _____
Phone: _____

8. Primary physician: _____ Phone: _____

9. Past Medical History: _____

10. Allergies: _____

11. Current Medications and Dose:



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12. Recreational Drugs, Method, Frequency, Last Date Used:

13. Have you had a drug or alcohol dependency? _____

14. Are you currently experiencing overwhelming sadness, grief, or depression?

15. Are you currently experiencing anxiety or panic attacks?

16. Females: Are you, or could you be, pregnant? _____
Form of birth control if applicable: _____

17. Have you had previous psychological care or counseling? _____
If yes, please list the name of the clinician, the years you saw them, and the nature of the difficulty at that time.

18. Have you been prescribed psychiatric medications in the past?
If so, please list the names of the medications and describe their effects:

19. Are you currently feeling suicidal? _____



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23. What do you consider some of your strengths? Weaknesses?
