

**CARENET COUNSELING EAST  
CLIENT BACKGROUND SHEET**

Please review the following questions and answer as completely as possible.

Name \_\_\_\_\_ Chart# \_\_\_\_\_

Why are you seeking therapy at this time? \_\_\_\_\_

\_\_\_\_\_

PARENTS:

Mother \_\_\_\_\_ Age: \_\_\_\_\_ Living: Y N  
Address: \_\_\_\_\_ General Health: Good Fair Poor  
Occupation: \_\_\_\_\_ If deceased, cause of death \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Living: Y N  
Address: \_\_\_\_\_ General Health: Good Fair Poor  
Occupation: \_\_\_\_\_ If deceased, cause of death \_\_\_\_\_

Step-Mother \_\_\_\_\_ Age: \_\_\_\_\_ Living: Y N  
Address: \_\_\_\_\_ General Health: Good Fair Poor  
Occupation: \_\_\_\_\_ If deceased, cause of death \_\_\_\_\_

Step-Father \_\_\_\_\_ Age: \_\_\_\_\_ Living: Y N  
Address: \_\_\_\_\_ General Health: Good Fair Poor  
Occupation: \_\_\_\_\_ If deceased, cause of death \_\_\_\_\_

Siblings: Please list all brothers, sisters and yourself from oldest to youngest. If your brother or sister is a half brother or sister or if they are adopted, please indicate after their name.

Name	Age	Location	Occupation
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			

PERSONAL HISTORY

Present marital status (please circle): Single Married Divorced Widowed Living with significant other

How many times have you been married? \_\_\_\_\_

Please list all marriages:

Dates	Spouse's Name	Reason for Termination
1. _____		
2. _____		
3. _____		

Client Background Sheet

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Name: \_\_\_\_\_

Chart# \_\_\_\_\_

CHILDREN

Number of children: \_\_\_\_\_ Please list your children in order from oldest to youngest. If your child is a stepchild or adopted, please indicate after their name.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Please indicate any BLOOD RELATIVE (including aunts, uncles, cousins) who have experienced emotional problems, depression, problems with drugs or alcohol, or been treated by a psychiatrist:

Name	Relationship	Problem
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is there anyone in your family who has a history of violent behavior, suicide, multiple arrests or prison terms. If so, please list:

Name	Relationship	Problem
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you currently receiving therapy from any other office/counselor at this time? If so, who: \_\_\_\_\_

Have you recently terminated therapy from another office/counselor? If so, who: \_\_\_\_\_

OCCUPATIONAL INFORMATION

What is your current occupation? \_\_\_\_\_

Place of employment? \_\_\_\_\_

Is your spouse employed outside the home? (Please circle) Yes No If so, where \_\_\_\_\_