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**Art and Soul Counseling**  
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**Client Information Form**

*Please use the other side of these pages anywhere you need more space to answer.*

Name \_\_\_\_\_ Date of 1<sup>st</sup> Visit \_\_\_\_\_

What do you prefer to be called? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Is it okay to leave a message at this #? \_\_\_\_

Work Phone \_\_\_\_\_ Is it okay to leave a message at this #? \_\_\_\_

Cell Phone \_\_\_\_\_ Is it okay to leave a message at this #? \_\_\_\_

If I cannot leave voicemails at any of the above numbers, how can I reach you while protecting your confidentiality? \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

**Employment**

Circle what best applies: Full time / Part time / Student / Unemployed

Occupation \_\_\_\_\_

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

What would be your dream job/career? \_\_\_\_\_

**Education**

Highest level of schooling achieved \_\_\_\_\_

Name/location of most recent or current school \_\_\_\_\_

Areas of study \_\_\_\_\_

Plans / dreams to learn about... \_\_\_\_\_

**Culture**

Please describe yourself as fully as you feel comfortable. (Check as many as apply.)

- |                                       |  |
|---------------------------------------|--|
| Gender:                               | Ethnicity:   |
| <input type="checkbox"/> Male         | <input type="checkbox"/> African American              |
| <input type="checkbox"/> Female       | <input type="checkbox"/> Alaskan Native                |
| <input type="checkbox"/> Transgender  | <input type="checkbox"/> Arab American                 |
| <input type="checkbox"/> MTF          | <input type="checkbox"/> Asian American                |
| <input type="checkbox"/> FTM          | <input type="checkbox"/> Chicano/a, Latino/a, Hispanic |
| <input type="checkbox"/> Transsexual  | <input type="checkbox"/> Multi-racial                  |
| <input type="checkbox"/> Intersex     | <input type="checkbox"/> Native American               |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Pacific Islander              |
|                                       | <input type="checkbox"/> White/European American       |
|                                       | <input type="checkbox"/> Other: _____                  |

- |   |  |
|---|--|
| Sexual Orientation:                     | Relationship Status:                       |
| <input type="checkbox"/> Heterosexual   | <input type="checkbox"/> Single            |
| <input type="checkbox"/> Gay or lesbian | <input type="checkbox"/> Married/Partnered |
| <input type="checkbox"/> Bisexual       | <input type="checkbox"/> Separated         |
| <input type="checkbox"/> Questioning    | <input type="checkbox"/> Widowed           |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Divorced          |
|   | <input type="checkbox"/> Engaged           |
|   | <input type="checkbox"/> Other: _____      |

What was your religious/spiritual upbringing?

What is your current religious or spiritual orientation and interest?

**Current Family** (Please add others who live in your household currently.)

Person	Age	Occupation	Mental Health Concerns	Physical Health Concerns
spouse/partner				
children: m/f				
m/f				
m/f				
others				

## Family History

Person's Name	Age	Occupation	Mental Health Concerns	Physical Health Concerns
biological/adoptive mother				
biological/adoptive father				
mother's partner				
father's partner				
step/foster caregiver				
step/foster caregiver				
siblings: bro/sis				
bro/sis				
bro/sis				
bro/sis				

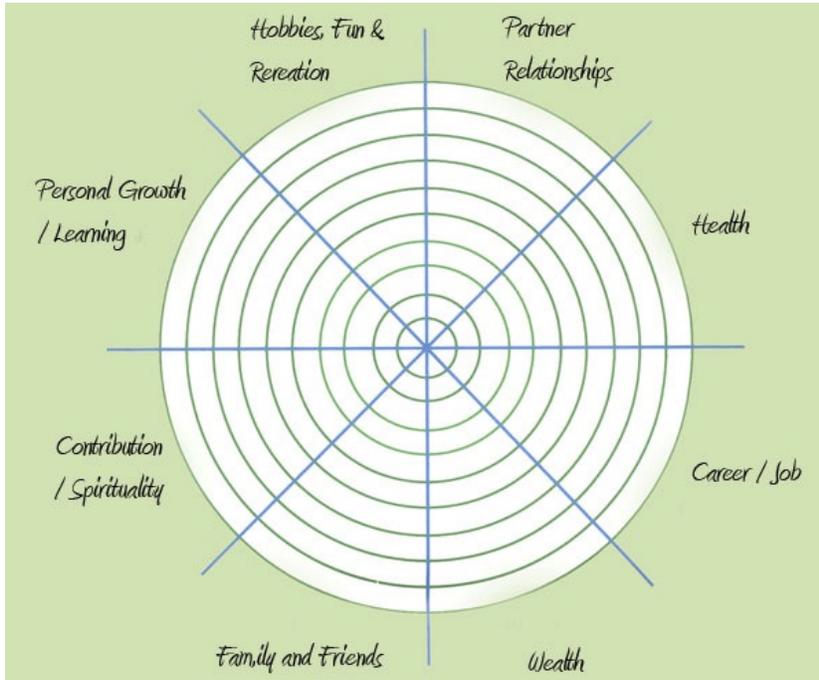
If your caregivers have separated, please let me know how old you were then. \_\_\_\_

If either parent has remarried, please describe who remarried and your age at the time.

List time of year and how old you were when significant people in your life passed away.

## Wheel of Balance

Wellness is a balance of many factors. Using the circle, shade your level of satisfaction in each area as it relates to you. For example, if you are extremely happy in your career, shade the entire pie shape for career. Do the same for each area, starting from the center point radiating outwards.



## Health

Do you have any physical health concerns? Please list surgeries, medication history (dates & ages). Please use other side if necessary.

Do you have any allergies? If yes, what types?

Do you have a disability?  Yes  No Please specify if 'yes':

Are you currently on medication? If yes, please list the medications, the reason, and how they are each helpful. Are there any negative side effects?

Please describe the following:

	times/week	amount
Alcohol	_____	_____
Tobacco	_____	_____
Recreational drugs	_____	_____
Type(s):		

Have you been treated for substance abuse or other addictive behavior?  Yes  No  
If yes, please describe the nature of the addiction, and the location & dates of treatment.

Have you been hospitalized for depression or other emotional distress? Please describe.

Have you ever considered suicide?  Yes  No  
Have you ever attempted suicide?  Yes  No  
Did you have a plan?  Yes  No  
Do you feel suicidal now?  Yes  No

Have you been in any car accidents? If yes, please list the dates.

Have you ever experienced:

Physical abuse?  Yes  No  
Emotional/Psychological abuse?  Yes  No  
Sexual abuse?  Yes  No

Can you give me some details?

Were there other traumatic events that occurred in your life?

## **The Present**

Daily functioning – how is your sleep? Eating?

Please rate your level of stress from 1-10 (1 being lowest, 10 highest rate).

Have you been in psychotherapy before? If yes, how long and for what reason?

Please describe how your past experience in therapy was helpful/unhelpful. What did you like most / least about the therapist?

Please state briefly your reasons for seeking therapy at this time.

How long have these problems persisted?

How can I, as a therapist, be most helpful for you?

## Self Care

What do you like to do for self-care?

How often do you exercise & what kind of exercise do you do?

Who are your social supports? Who are your emotional supports?

What are your hobbies & interests?

What is your experience with art materials and how do you feel about making art?

What is your favorite color and why?

Do you have a favorite movie or book? What is it and why?

Are there other things you would like for me to know? (hopes, fears, recent events, details about specific relationships, your strengths, what you like about yourself, etc...) Please feel free to use the other side of the page.