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**CLIENT INDIVIDUAL INFORMATION QUESTIONNAIRE**

**Today's date:** \_\_\_\_\_

*Note:* If you have been a patient here before, please fill in only the information that has changed.

**A. Identification**

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your nicknames or aliases: \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

Education/ Last grade completed: \_\_\_\_\_ Occupation \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

**B. Referral:** Who gave you my name to call?

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

Address: \_\_\_\_\_

May I have your permission to thank this person for the referral?  Yes  No

Briefly describe your reason for seeking help: \_\_\_\_\_

\_\_\_\_\_

**C. Your medical care:** From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

Current Medications?: \_\_\_\_\_

Have you previously sought help from a mental health professional? \_\_\_\_\_

**D. Employment:** Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employment and military experiences:

**Dates:**

From	To	Name of military or employers	Job title or duties	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**E. Family-of-origin history**

Relative	Name	Current age (or age at death)	Illness (or cause of death, if deceased)	Education	Occupation
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Stepparents	_____	_____	_____	_____	_____
Grandparents	_____	_____	_____	_____	_____
Brothers	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Sisters	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**F. Marital/Relationship history**

Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Is spouse remarried?
First _____	_____	_____	_____	_____
Second _____	_____	_____	_____	_____
Third _____	_____	_____	_____	_____

**G. Significant nonmarital relationships**

Name of person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First _____	_____	_____	_____	_____
Second _____	_____	_____	_____	_____

<u>Name of person</u>	<u>Person's age when started</u>	<u>Your age when started</u>	<u>Your age when ended</u>	<u>Reasons for ending</u>
First _____	_____	_____	_____	_____

**H. Children**

Name	Current age	Gender	Grade	Residence (where or with whom?)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I. Personal**

Please list your personal strengths: \_\_\_\_\_

On a scale of 1-7, what is your current level of life satisfaction? (Circle one)

1	2	3	4	5	6	7
Very Low			Moderate			Very High