ADVOCATE PSYCHOTHERAPY SERVICES

SERVING ALL OF CENTRAL WISCONSIN — TO HELP YOU FIND WHAT'S MISSING

Toll Free: 800-681-2374 **Mailing Address:** PO Box 959, Stevens Point, WI 54481 **Fax:** 715-952-4995
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CLIENT DATA SHEET

Client Name:_______________________________ DOB:____________________ Age:_______

Address:______________________________ City:_____________________ State:_______ Zip:_________

Home #:________________ Work #:_________________ Cell #:_________________ *(circle preferred #)*

Marital Status:________________ Date of Marriage (if applicable):___________ # of Children:__________

Emergency Contact:____________________________________ Phone:___________________________

Referral Source:_________________________ Religious Preference (optional): ______________________

Primary Care Provider:___________________ Location:_________________ Phone:_________________

Date of Last Exam:______________ Is there anyone else you would like involved in your care?: YES* NO

Place of Employment:___________________ *If yes, please list: ______________________________

Occupation:___________________________________ Education:_________________________________

Household Members:

Name	Age	Relationship to You

Medication(s):

Medication Name	Dosage/Time	Reason	Prescribing Physician	Currently Taking

Past Behavioral Healthcare Services:

Name of Therapist/Agency	Date of Services	Reason for Services

(Over)

Presenting Problem (Current Situation and History)

A. Marriage or Relationship
B. Depression
C. Anxiety or Worry
D. Alcohol and/or Drug Use
E. Physical Problems
F. Legal Issues
G. Eating Disorder
H. Problems with Children
I. Work Related
J. Abuse or Trauma
K. Sexual Functioning
L. Financial
M. Other (please explain)

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How long have you had this problem(s)?____

Have you received treatment for this problem: Yes______ No______

Desired Goals

This list helps us get started in the best ways, so anything written here is appreciated.

1. ____
____
2. ____
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3. ____
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4. ____
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5. ____
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_______________________________ _______________________

Client Signature Date

Addition Info:
(staff use only)

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