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Client Information -Adult (Please Print)

Name _____ Date _____

 first middle last
Age _____ Date of Birth _____ Sex: Male Female

Home Address _____

 street city state zip
Cell phone _____ Home phone _____ Work phone _____

Which phone number would you prefer me to use to contact you? _____

Is it O.K. to leave a detailed and confidential message at that number? _____

e-mail address (optional) _____

Birthplace _____ Place(s) where raised _____

Occupation _____ Employer _____

Highest Level of Education Achieved _____

Names and Dates of Educational Institutions attended (post-high school) _____

Any religious affiliation? _____ If so, are you active, sporadic or lapsed? _____

Marital Status _____ If married, date of present marriage _____

If in a committed relationship but not married, how long have you been together? _____

If applicable, dates of previous marriage(s)/committed relationships _____

Children (ages; please note if children live with you and if they are from a previous relationship/
marriage) _____

Continued

Client's name: _____

Parents (please list ages and occupations; if deceased, please note year of death)

Highest Level of Education Achieved by Parents _____

Siblings (Please list ages and occupations and if they are half or full siblings. Please also list highest level(s) of education achieved by each.)

If military, indicate branch of service, MOS, active duty/reserve/retired/dependent and dates:

If military, also give deployment history including date(s) and location(s), if applicable.

Current Medications

<u>Name of medication</u>	<u>Dose</u>	<u>Frequency</u>
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Physician's name:

Do you have any medical conditions I should know about?

If you are currently under the care of a psychiatrist, please give psychiatrist's name and phone number:

Continued

Client's name _____

Emergency contact _____ Phone # _____

Referral source (who referred you or how did you hear about my services?)

Current or previous counseling, treatment, and/or support group experience:

Any family or personal history of mental illness, alcoholism, substance abuse, suicidal thoughts, suicidal attempts or completed suicides I should know about?

Are you having any suicidal thoughts right now? _____

Reason for seeking help now: _____

Please sign below and initial each previous page to verify that this is your information:

Signature _____ date: _____