



BUTLER & ASSOCIATES  
PSYCHOTHERAPY, PLLC

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### CLIENT INFORMATION FORM

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years): \_\_\_\_\_  
(Last) (First) (Middle Initial)  
\_\_\_\_\_  
(Last) (First) (Middle Initial)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Marital Status: ☐ Never Married ☐ Domestic Partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Please list children of any age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

Where may we leave a message? ☐ Home ☐ Work ☐ Cell ☐ Email

\* Please note: Email correspondence is not considered to be a confidential medium of communication.

Who referred you or how did you find out about this service? \_\_\_\_\_

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

☐ No ☐ Yes, previous therapist/practitioner: \_\_\_\_\_

Are you currently taking any prescription medications?

☐ No ☐ Yes, please list medication and prescribing doctor: \_\_\_\_\_

Have you ever been prescribed psychiatric medication? ☐ No ☐ Yes, please list and provide dates: \_\_\_\_\_

### General Health and Mental Health Information

1. How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

\_\_\_\_\_

2. How would you rate your current sleeping patterns? (please circle)

Poor      Unsatisfactory      Satisfactory      Good      Very Good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise do you participate in? \_\_\_\_\_

4. Please list any difficulties you experience with your appetite or eating patterns: \_\_\_\_\_

5. Are you currently experiencing overwhelming sadness, grief, or depression? ☐ No ☐ Yes

If yes, for approximately how long? \_\_\_\_\_

6. Are you currently experiencing anxiety, panic attacks, or have any phobias? ☐ No ☐ Yes

If yes, when did you begin experiencing this? \_\_\_\_\_

7. Are you currently experiencing any chronic pain? ☐ No ☐ Yes If yes, please describe: \_\_\_\_\_

8. Do you drink alcohol more than once a week? ☐ No ☐ Yes

9. How often do you engage in recreational drug use? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐ Never

10. Are you currently in a romantic relationship? ☐ No ☐ Yes If yes, for how long? \_\_\_\_\_

On a scale of 1-10 how would you rate your relationship? \_\_\_\_\_

11. What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

### Family Mental Health History:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.)

	Please Circle	List Family Member
Alcohol/Substance Abuse	Yes / No	
Anxiety	Yes / No	
Depression	Yes / No	
Domestic Violence	Yes / No	
Eating Disorders	Yes / No	
Obesity	Yes / No	
Obsessive Compulsive Behavior	Yes / No	
Schizophrenia	Yes / No	
Suicide Attempts	Yes / No	

**Additional Information:**

1. Are you currently employed? ☐ No ☐ Yes

If yes, what is your current employment situation? \_\_\_\_\_

Do you enjoy your work? Is there anything stressful about your current work? \_\_\_\_\_

2. Do you consider yourself to be spiritual or religious? ☐ No ☐ Yes If yes, describe your faith or belief:

3. What do you consider to be some of your strengths? \_\_\_\_\_

4. What do you consider to be some of your weaknesses? \_\_\_\_\_

5. What would you like to accomplish out of your time in therapy? \_\_\_\_\_

6. To whom are you currently going for emotional support? \_\_\_\_\_

7. Is there anything else you can think of that will be helpful for me to know about you? \_\_\_\_\_