



**Client Information**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: home: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

How did you hear about Mindful Upstate?

\_\_\_\_\_

Guardianship (for children and adults when applicable): \_\_\_\_\_

Marital status: \_\_\_\_\_

Household members:

Name	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

School: \_\_\_\_\_



**Emergency Contact:**

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

Relationship to client: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Presenting problem:**

Please provide a brief description of the reason you are seeking treatment, including information about the onset, duration, and history of the problem.

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**Please list current medical conditions:**

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**Please list current medications:**

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## **History**

This section contains questions regarding physical and mental health and history, which will aid Mindful Upstate in providing quicker and more effective assessment during your initial visit.

History of outpatient therapy:

Please include name of the therapist and/or agency, dates of treatment, and reason for treatment at the time.

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History of psychiatric hospitalization:

Please include reason for hospitalization, dates of treatment, and facility name.

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History of substance use:

Please include current and previous substances (illegal drugs and/or alcohol), frequency, and amount consumed.

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Family history of mental health and/or substance abuse problem:

Please include relationship to the individual and type of problem.

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Please list any allergies:

Please list all known allergies, including environmental allergies. Environmental elements may be incorporated into some treatment modalities, and Mindful Upstate wants to ensure your health is protected in such cases.

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Have you, at any time, experienced a traumatic event? Traumatic events can include but are not limited to abuse, neglect, assault of physical or sexual nature, sudden or unexpected loss, severe harm/injury to yourself or a loved one, or witness of any of these things.

Signature certifies that you provided complete and truthful information to the best of your ability, and your signature certifies that you understand any fraudulent or false information could result in termination of treatment with Mindful Upstate.

**Name printed:** \_\_\_\_\_

**Client/legal guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_