

Community Improvement Associates  
Emerald Street, Keene, NH 03431  
Phone: (603) 352-1016 Fax: (603) 352-1018  
EMAIL: admin@cianh.com

**Client Information Form**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

**FAMILY INFORMATION:**

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

Who is currently living in your household? Please leave blank if living alone.

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEDICAL INFORMATION:**

Who is your Primary Care Physician? \_\_\_\_\_

Are you presently taking any medications?  Yes  No

If yes, please specify the medication and dosage. Include oral contraceptives and allergy medications. \_\_\_\_\_

Are you currently having any medical problems?  Yes  No

If yes, please specify: \_\_\_\_\_

Other than any current issues, have you experienced any other significant health problems?

Yes  No

If yes, please specify: \_\_\_\_\_

Has anyone in your family been treated for any emotional problems?  Yes  No

If yes, who? \_\_\_\_\_

When? \_\_\_\_\_

Type of problem? \_\_\_\_\_

Do you or any members of your family abuse (or have in the past abused) alcohol, drugs, or other substances?  Yes  No

If yes, who? \_\_\_\_\_

What substances? \_\_\_\_\_

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Have you ever had any prior therapy or psychiatric services (individual or group)?  Yes  No  
If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons?  Yes  No

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Reason: \_\_\_\_\_

**MISCELLANEOUS**

Are you currently employed?  Yes  No

If yes, where are you employed? \_\_\_\_\_

Have you ever served in the military?  Yes  No

If yes, please identify the service branch and dates: \_\_\_\_\_

Do you have any current legal problems/issues?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*For office use only. Please do not write below this line.*

This information has been reviewed by \_\_\_\_\_ Date: \_\_\_\_\_