



Name: \_\_\_\_\_

## Create-a-Client Form

Use this form to create a client profile to be used in class discussion and treatment planning.

Client is: Circle those that apply: Male Female  
Heterosexual Gay Lesbian Bi-sexual Transgender  
Employed P/T Employed F/T Unemployed  
Student P/T Student F/T  
Hispanic White Black Bi-racial Asian Pacific Islander Middle  
Eastern Indian Native American Other: \_\_\_\_\_

Client is currently in a relationship: Yes No and has been for \_\_\_\_\_ months/years

Client has \_\_\_\_\_ children (list names and ages below and whether or not client currently has custody of children).

Name	age	custody?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Highest level of education completed: Grade school high school grad  
some college college grad advanced degree trade certificate  
other: \_\_\_\_\_

Income Source: \_\_\_\_\_

Stated Monthly Income: \_\_\_\_\_

Age: \_\_\_\_\_

Age client first used alcohol or other substances: \_\_\_\_\_

Age client first began encountering problems with substance use: \_\_\_\_\_

Client's drug of choice: \_\_\_\_\_

Current living situation (explain where client lives and with who, list each person in the household).

Client lives in a \_\_\_\_\_

With the following people:

Name	age	relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe how the client's living situation and/or people he or she lives with impact the client's current substance use.

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List name, sex and age of each of the client's siblings or state N/A if client has no siblings:

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Describe client's early childhood and family experiences, who did he/she live with and where. Was the family stable or did they move a lot? Did they live with the same people or did they move from place to place. Add anything you think would be important in forming the client's world view.

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Describe any losses or life changes that may have impacted client's life. Include: deaths in the family, changes in significant relationships (marriage, divorce, separation), job loss, changes in the family structure (children moving out or coming back home, new birth, new family members moved in, etc.)

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Describe any legal issues the client has (arrests, warrants, prison or jail record, home arrest, custody battles, divorce etc.)

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Does client belong to a religious group or does he/she have guiding spiritual beliefs? If so, describe.

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Has the client ever been sexually, physically or emotionally abused by anyone, ever? If so, describe.

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Has client ever attempted suicide? If yes, list the dates and circumstances regarding the attempt.

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Is the client on any psychiatric medication?	Yes	No
Has the client ever been in a psychiatric hospital?	Yes	No
Has the client ever been in treatment in the past?	Yes	No

Please elaborate on any “yes” answers and also add any other mental health information that might be important.

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Use the space below to outline anything else that is important to know about this client:

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Create a name for your client. If this scenario is based on a real person, do not use the person’s real name.

Client’s Name: \_\_\_\_\_