Richard L. Ruegg, Ph.D., H.S.P.P.
Psychologist

Greenwood Counseling Associates, Inc.
399 West Main Street ~ Greenwood, IN 46142
317.885.1150 fax 317.885.1070
gcaruegg@aol.com

CONFIDENTIAL CLIENT INFORMATION

Name _____ Date _____
Address _____

DOB _____ Age _____ SSN _____-_____-_____ Gender ☐ Male ☐ Female
Email _____
Telephone: Home_____ cell_____ work_____

Best way to contact you _____ May we leave a message? ☐ Yes ☐ No
Referred by _____
Education (last yr completed)_____ Occupation_____ Employer _____
Marital Status _____ # Years married _____ # of Previous Marriages _____
Spouse _____ Spouse's Occupation _____
Immediate Family Members

Name	Age	Relationship	Lives in your home
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

HEALTH AND SOCIAL INFORMATION

Family Physician _____City _____Phone _____
Date of Last Examination _____

Current Medications	Dose	Type

Physical impairments and/or limitations _____

Any prior counseling or hospitalization experiences? ☐ Yes ☐ No
If yes, with whom?_____Reason_____Last seen_____

Do you attend church regularly? ☐ Yes ☐ No Name of church:_____
Have/do you use alcohol? ☐ Yes ☐ No Frequency:_____
Have/do you use drugs? ☐ Yes ☐ No Frequency:_____
Have you ever been arrested? ☐ Yes ☐ No When_____
Reason:_____

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Have you, or anyone in your family, had concerns with any of the following?
Check any that apply and feel free to comment on concern.

Self	*Family Member*	
☐	☐	Crisis situations_____
☐	☐	Suicidal thoughts_____
☐	☐	Depression_____
☐	☐	Poor self concept_____
☐	☐	Guilt Feelings_____
☐	☐	Problems thinking clearly_____
☐	☐	Physical symptoms/illness_____
☐	☐	Sleeping problems_____
☐	☐	Eating Problems_____
☐	☐	Self-mutilation/Harm_____
☐	☐	Sexual concerns_____
☐	☐	Anxiety(general, specific)_____
☐	☐	Fear of object/situation_____
☐	☐	Panic attacks_____
☐	☐	Obsessive/compulsive_____
☐	☐	Marital/partner concerns_____
☐	☐	Dating relationships_____
☐	☐	Spousal abuse_____
☐	☐	Child abuse_____
☐	☐	Interpersonal problems_____ (between you and another)
☐	☐	Alcohol problems_____
☐	☐	Drug problems_____ (illegal or prescription)
☐	☐	Delusions/hallucinations_____
☐	☐	Academic/school concerns_____
☐	☐	Decision-making problems_____
☐	☐	Occupation/job concerns_____
☐	☐	Intrapersonal problems_____ (inside myself conflicts)
☐	☐	Grief/Loss concerns_____
☐	☐	Spiritual concerns_____
☐	☐	Adjusting to life stressors_____
☐	☐	Other_____