

Spiezio & Affiliates
Client Assessment Form
Annette Spiezio, LCPC

New Clients please take a few moments to fill out this general information.

Existing Clients please take a few moments to update any changes and add e-mail information if available.

Client Information

Name _____ Age _____ Occupation _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

*If Client is minor, Guardian Name _____

Marital Status _____ Significant Other Name _____

Children/Ages/Names _____

How were you referred? _____

Medical History

Illness _____

Medications _____

Previous Surgeries _____

Previous Medications _____

Family History

Mother _____ Father _____

Siblings _____

Has anyone in your immediate family every sought treatment for:

_____ Depression _____ Anxiety _____ Substance Abuse

Have you ever sought counseling in the past? Y N

In your own words please describe your reason/s for seeking counseling at this time: