LaGrange Behavioral Health, LLC
517 North Walnut Street Bloomington, IN 47404
Phone: (812) 340-6993| Email: drsarahlagrange@gmail.com

Client Information

Client name: _____

Date of birth: ____/____/_____ Age: ____ Gender/Preferred Pronoun: _____

Social Security#: _____ Primary Care Physician: _____

Street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Please check preferred contact number:

❑Home phone: _____ ❑Secondary phone: _____

E-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions:

_____

Spiritual and racial/ethnic identification

Current religious denomination/affiliation: ❑ Protestant ❑ Catholic

❑ Unafilliated (Atheist,Agnostic) ❑ Jewish ❑ Islam/Muslim ❑ Buddhist

❑ Hindu❑ Unitarian Universalist

Other (specify): _____

Level of Participation: ❑None ❑Some/irregular ❑Active

Ethnicity/national origin: _____

Race: _____

Employment and/or School

Are you: ❑ Employed ❑ Not currently employed

❑ A Student ❑ On Unemployment

LaGrange Behavioral Health, LLC
517 North Walnut Street Bloomington, IN 47404
Phone: (812) 340-6993| Email: drsarahlagrange@gmail.com

Are you: ❑ Full Time ❑ Part Time ❑ Not Applicable

Education History

Highest Level of Education Completed to Date: ❑ Primary (Elementary School) ❑ Jr. High

❑ Some High School ❑ GED ❑ High School Diploma ❑ Some College or Trade School

❑ College Degree ❑ Graduate Degree

Other (specify): _____

Adjustment to School: ❑Poor ❑Some Trouble ❑Well/Excelled

Emergency Information

In the event of an emergency, whom should we call?

Name: _____

Phone: _____ Relationship: _____

Address:_____

Significant other (if not Emergency Contact) or nearest friend or relative not residing with you:

_____

Chief concern

What brings you to treatment? Is there something specific, such as a particular event?

LaGrange Behavioral Health, LLC
517 North Walnut Street Bloomington, IN 47404
Phone: (812) 340-6993| Email: drsarahlagrange@gmail.com

Family-of-Origin History

	Relative Name	Current age (or age at death)	Illnesses Mental Health Concerns
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Sisters	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Stepparents	_____	_____	_____
	_____	_____	_____
Grandparents	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please List any other Biological Relatives with mental health issues and specify the issue(s):

_____

Treatment History

Have you ever received psychotherapy, counseling, or drug/alcohol treatment before?

□No □Yes (If Yes, please indicate):

Dates of treatment: _____ to _____

Provider/Facility Name: _____

Reason for treatment: _____

Treatment helpful/effective? □Yes □No

Dates of treatment: _____ to _____

Provider/Facility Name: _____

Reason for treatment: _____

Treatment helpful/effective? □Yes □No

Have you ever taken medications for psychiatric or emotional difficulties?

□No □Yes (If Yes, please indicate):

Dates Taken: _____

Prescribing Physician: _____

LaGrange Behavioral Health, LLC
517 North Walnut Street Bloomington, IN 47404
Phone: (812) 340-6993| Email: drsarahlagrange@gmail.com

Medication Name(s): _____

Reason for Medication: _____

Results: □Desired Outcome □Unhelpful □Side Effect Issues □Worsened Symptoms

Please Indicate if any of the following are a current or past issue:

	Current Concern	Past Concern
Suicidal thoughts	☐	☐
Suicide attempts/gestures	☐	☐
Inpatient psychiatric hospitalization	☐	☐
Self-mutilation/self-harm	☐	☐
Alcohol use	☐	☐
Drug use	☐	☐
History of aggression/violence/threats toward others	☐	☐

Is there any other information you think we should know?

_____

LaGrange Behavioral Health, LLC
517 North Walnut Street Bloomington, IN 47404
Phone: (812) 340-6993| Email: drsarahlagrange@gmail.com

Referral

How did you find LaGrange Behavioral Health? Name or Internet referral source:

_____

May I have your permission to thank this person for the referral? ❑ Yes ❑ No

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.