Client Information

Name: ______________________ Date: ______________________

Address: ______________________ City: ____________ State: _____ Zip: ____________

Primary Phone: ______________________ Secondary Phone: ______________________
Leave message? ☐Yes ☐No Text? ☐Yes ☐No Leave message? ☐Yes ☐No

Work Phone: ______________________ Email: ______________________
Leave message? ☐Yes ☐No Contact by email? ☐Yes ☐No

Occupation: ______________________ Best time/day to contact you: ______________________

Birth date: ____________ Age: ________ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

Education Level: ☐ 8th Grade or Below ☐ High School ☐ Some College ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate

Have you been in counseling/therapy before? ☐Yes ☐No If yes, when: ____________ Did it help? ☐Yes ☐ Some ☐No

Reason for therapy? ______________________

Have you or a family member ever attempted suicide? ______________________

Please list all medications you take: ______________________

Physician's Name: ______________________ Phone number: ______________________

Psychiatrist's Name: ______________________ Phone number: ______________________

Do you have any physical disabilities or chronic illnesses? (please list): ______________________

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Please circle any of the following that are currently troubling you:

Alcohol/Drug use	Eating Problems	Physical Abuse	Communication with Partner	Motivation
Self-Esteem	Sexuality	Verbal Abuse	Sexual Harassment	School/Educational
Assertiveness	Suicidal Thoughts	Sexual Abuse	Stress	Dating
Addiction	Alcohol or Drug Issues	Marriage/Spouse/Partner	Spiritual/Religious	Career
Appearance/Weight	Depression/Sadness	Loneliness	Work Stress	Time Management
Expressing Feelings	Anxiety/Panic	Perfectionist	Money/Financial Issues	Hopelessness
Grief/Loss	Worry/Fear	Shyness	Childhood Issues	Divorce/Break up
Meeting People/Friends	Anger/Rage	Sleep	PTSD	Parenting
Guilt	Helplessness	Gender Identification	Boredom	Traumatic Event
Homesickness	Stalking	Trust	Relationship Issues	Family

Information provided will be kept strictly confidential and released only in accordance with professional ethics standards and applicable law. Limits of confidentiality include knowledge of children, elderly, or disabled persons abuse, immediate danger to self or others.

Primary Emergency Contact: **Relationship:** **Phone:**

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Secondary Emergency Contact: **Relationship:** **Phone:**

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