

Client Data

Date _____ Name _____

Age _____ Date of Birth _____

Work Phone _____ Okay to call? _____ Leave Message? _____

Home Phone _____ Okay to call? _____ Leave Message? _____

Cell Phone _____ Okay to call? _____ Leave Message? _____

Mailing Address _____

Physical Address _____

Email Address _____ May I email you? _____

Gender: Female _____ Male _____ Other _____

Marital Status: Married _____ Single _____ Committed Relationship _____ Other _____

Place of Employment: _____

Position: _____

Parents: (Please indicate biological and step-parents)

Children & Ages:(Indicate step-children with asterisk)

Emergency Contact:

Name & Phone# _____

Relationship _____

Have you been to counseling prior to this? _____

If yes, when? What were the main issues? How was that experience?

What is your main concern today? _____

How long has this been an area of concern? _____

How have you tried to solve this problem _____

Other concerns? Please list: _____

How do you typically cope with stress? _____

What do you hope to achieve during this process? _____

Custody issues, ongoing or previous legal issues.

Medical conditions (with approx. dates) and treating physician current: _____

Current Medications and Dosages including over the counter medications and supplements:

Drug/Alcohol Use (How much? How often?)

Social Supports (ie. friends, religious/spiritual affiliations, memberships)

What makes you happy?

Anything else you'd like me to know?
