

**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?

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What is your main concern today? \_\_\_\_\_

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How long has this been an area of concern? \_\_\_\_\_

How have you tried to solve this problem \_\_\_\_\_

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Other concerns? Please list: \_\_\_\_\_

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How do you typically cope with stress? \_\_\_\_\_

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What do you hope to achieve during this process? \_\_\_\_\_

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Custody issues, ongoing or previous legal issues.

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

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

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

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

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What makes you happy?

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Anything else you'd like me to know?

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