

**Peggy Hinders, LPC, NCC**  
***Licensed Professional Counselor***  
***National Board Certified***

Client Information Form

Today's Date \_\_\_\_\_

Client Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

City

State

Zip Code

OK to call and leave a message? \_\_\_\_\_ Email \_\_\_\_\_

Education (Grade Completed) \_\_\_\_\_ Employer \_\_\_\_\_

Describe your job \_\_\_\_\_

How did you hear about my practice? \_\_\_\_\_

**Marital Status:**

Single    Married    Divorced    Remarried    Separated    Widowed    Cohabiting

How long (if applicable): \_\_\_\_\_

**Spouse Information, if applicable:**

Spouses Name \_\_\_\_\_ Age \_\_\_\_\_

Education (Grade Completed) \_\_\_\_\_ Employer \_\_\_\_\_

Do you have children or step-children? \_\_\_\_\_

**Child Names**

**Age**

Child Names	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Emergency Contact** \_\_\_\_\_

Name / Relationship

Address

Phone

List any club or organizations which you participate.

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List hobbies or leisure activities you enjoy.

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Describe your exercise program \_\_\_\_\_

List the medications you are currently taking (Dosage/Frequency) \_\_\_\_\_

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Do you take prescription Birth Control or HRT? \_\_\_\_\_ If so, what? \_\_\_\_\_

List any side effects of these medications that you have observed \_\_\_\_\_

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How much/often do you drink? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Cigarettes? \_\_\_\_\_ Marijuana? \_\_\_\_\_

Please describe your reasons for seeking counseling \_\_\_\_\_

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Please list current or previous efforts to resolve the items described above \_\_\_\_\_

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Did it help? \_\_\_\_\_

What is your goal in counseling? \_\_\_\_\_

What do you see as your strengths and skills? \_\_\_\_\_

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What area of your life do you feel most confident? \_\_\_\_\_

Do you consider yourself a spiritual person? (Explain) \_\_\_\_\_

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Is there any other information that I need to know in order to help you achieve your counseling goals?

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**Check your usual communication strengths with your partner, or in general:**

- |   |  |
|---|--|
| <input type="checkbox"/> I make enough time to communicate            | <input type="checkbox"/> I initiate needed talks promptly                |
| <input type="checkbox"/> I express myself clearly                     | <input type="checkbox"/> I use humor well                                |
| <input type="checkbox"/> I negotiate effectively with adults and kids | <input type="checkbox"/> I hang in there, vs. run away                   |
| <input type="checkbox"/> I can summarize well                         | <input type="checkbox"/> I make good eye contact                         |
| <input type="checkbox"/> I'm well organized when needed               | <input type="checkbox"/> I have a large, growing vocabulary              |
| <input type="checkbox"/> I use appropriate physical touching          | <input type="checkbox"/> I'm usually in the present (vs. past or future) |
| <input type="checkbox"/> I'm generally aware and attentive            | <input type="checkbox"/> I handle silences well enough                   |
| <input type="checkbox"/> I'm honest and genuine                       | <input type="checkbox"/> I'm usually empathic and sensitive              |
| <input type="checkbox"/> I handle most conflicts effectively          | <input type="checkbox"/> My words, face, and body match                  |
| <input type="checkbox"/> I criticize constructively                   | <input type="checkbox"/> I stay focused on the topic until we're done    |
| <input type="checkbox"/> I'm OK _ hearing and _ saying "no"           | <input type="checkbox"/> I confront other people respectfully            |
| <input type="checkbox"/> I discuss problems promptly and honestly     | <input type="checkbox"/> I question well                                 |
| <input type="checkbox"/> I seldom interrupt                           | <input type="checkbox"/> I'm usually tactful                             |
| <input type="checkbox"/> I'm direct and clear                         | <input type="checkbox"/> I'm usually patient                             |
| <input type="checkbox"/> I self-disclose and use humor appropriately  | <input type="checkbox"/> I'm assertive vs. aggressive or submissive      |
| <input type="checkbox"/> I listen empathically in key situations      | <input type="checkbox"/> I'm usually open to feedback                    |
| <input type="checkbox"/> I'm self-aware                               |  |
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