

Client Information Form

Please provide the following information and answer the questions below.
Please note: information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Today's Date _____ / _____ / _____

Client Name _____ Age _____

Address _____ Home Phone () _____

_____ Cell Phone () _____

City _____ State _____ Zip Code _____

OK to call and leave a message? Yes No E-mail _____

Education (Grade Completed) _____ Employer _____

Describe your job _____

How did you hear about my practice? _____

Marital Status:

Currently Married? Yes No How long _____

If single, are you currently in a relationship? Yes No

Previous Marriage? Yes No How Long _____

Spouse Information, if applicable:

Spouses Name _____ Age _____

Education (Grade Completed) _____ Employer _____

Previous Marriage? Yes No If yes, how long? _____

Children Information, if applicable:

Do you have children or step-children? Yes No

Children's Names	Age
_____	_____
_____	_____
_____	_____

Have you previously received any type of mental health services (counseling, psychiatric services, etc.)?

Yes No Reason: _____

Did it help? _____

How many times per week do you generally exercise? _____

What types of exercise to you participate in? _____

List the medications you are currently taking and/or medical diagnosis: _____

List any side effects of these medications that you have observed _____

Do you take prescription Birth Control or HRT? _____ If so, what brand/type? _____

Have you had a hysterectomy Yes No When? _____

Do you drink alcohol? Yes No How much/often do you drink? _____

Do you smoke? Yes No Cigarettes? _____ Marijuana? _____

What significant life changes or stressful events have you experienced recently: _____

What do you see as your strengths and skills? _____

What area of your life do you feel most confident? _____

Do you consider yourself to be spiritual or religious? Yes No If yes, describe your faith or belief:

What would you like to accomplish during your time in therapy? _____

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