

Client Data

Date _____ Email _____

Name _____ Date of Birth/Age _____

Address _____ City _____ Zipcode _____

Phone: Daytime _____ Evening _____ Cell _____

Place of Employment: _____

Position: _____

Address: _____

Gender: Female _____ Male _____

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

Parents: (Please indicate biological and step-parents)

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

In case of Emergency:

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? _____

Any other information that you think I should know about (e.g. current or past drug and/or alcohol use, history of verbal, physical or sexual abuse, history of mental illness, family medical history, learning disabilities, custody issues, ongoing or previous legal issues, medical conditions, current medications and dosage, etc.):
