

Client Information

Please fill out the following information form so that I will know a little about you and how to contact you. The information will be kept in confidence in accordance with my Policies and Procedures.

Today's Date: ____/____/____

Your Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street, apartment no., City, State, Zip)

Telephone: _____ Is it OK to call? Is it OK to leave a message?

Home: _____ Yes / No Yes / No

Work: _____ Yes / No Yes / No

Cellular: _____ Yes / No Yes / No

Age: _____ Birthday: ____/____/____ Gender: _____

Religious preference: _____

Circle Current Status: Single Partnered Married Separated Divorced

Live with: _____

Current job: _____ How long at current job? _____

Whom may I contact in case of emergency? Name: _____

Telephone number: (____) _____ Relationship to you: _____

Have you been involved in counseling before? Yes / No If yes, when? _____

Are you currently under the care of a physician or health care professional? Yes / No

Name: _____

Have you ever received a mental health diagnosis? Yes / No

If yes which? _____

If yes, please give the name and location: _____

Are you currently on any medications: Yes / No If yes, what are they? _____

Please rate the level of distress you are currently experiencing by circling the appropriate number:

No distress 1 2 3 4 5 6 7 8 9 10 Extreme distress

Thank you