

Client Information Form

Please complete the following information as fully as possible.

PERSONAL INFORMATION

Date: _____

Name: _____

Date of Birth: _____

Sex: _____

Home Address: _____

Email Address: _____

Phone (where message can be left): _____

HEALTH INFORMATION

Are you currently under medical care by a physician or psychiatrist? If so, please list whose care and relevant medical conditions:

Please list any medications that you are currently taking:

Have you been to counseling before? If so, when? Please feel free to list any therapy that has been helpful:

FAMILY INFORMATION

Please list name, age, and relationship to you of any family members, partners, or friends that are relevant:

COUNSELING INFORMATION

Please list your specific concerns that you'd like to address in counseling:

