Client Information - Individuals

All information will be kept confidential.

Name _____ Birthday and age _____

Phone(s)*_____

Address _____

_____

Email(s)* _____

* Is it okay to leave voicemail or send email? _____

Occupation/Employer _____

Educational background _____

Marital/significant relationship status and length of relationship _____

_____

Children names and ages (if applicable) _____

_____

Emergency contact name, phone and relation _____

How did you hear about me? _____

If you were referred, may I send a thank-you note to the above-named person? _____

Do you have any significant past or current physical illness? (Please describe):

Current medications and purpose:

Do you have any history of substance abuse, addictions, or treatment programs?

Do you identify with a religious or spiritual tradition? (Please describe)

Have you had previous counseling experiences? Was it helpful? Why or why not?

What do you want to accomplish in counseling?

Check any problems that apply to your reason for treatment

_____ Academic Issues
_____ Relationship Problems
_____ Self Esteem
_____ Withdrawn Behavior
_____ Sleep Problems (too much or too little)
_____ Nightmares
_____ Eating Problems
_____ Difficulty Getting Pregnant
_____ Legal Difficulties
_____ Sexual Problems
_____ Chronic Pain
_____ Depression, Sadness
_____ Financial Concerns
_____ Blended Family Issues
_____ Divorce
_____ Anxiety
_____ Anger
_____ Attention Differences (ADD/ADHD)
_____ Panic Attacks
_____ Sexual Abuse
_____ Physical Abuse
_____ Alcohol/Drug Abuse (client)
_____ Alcohol/Drug Abuse (other)
_____ Work Issues
_____ HIV/AIDS
_____ Peer Problems
_____ Children Moving Out
_____ Stress
_____ Death of a Loved One
_____ Other Losses
_____ Health Concerns
_____ Age Transition Issues
_____ Suicidal Thoughts
_____ Suicidal Actions
_____ Recent Move
_____ Sexual Orientation Questions
_____ Repetitive Thoughts (thinking of the same incident or issue over and over again)
_____ Child Behavior Concerns

Anything else that you feel I should know about? (flip over for more space)