

## Confidential Client Information Sheet

The purpose of this form is to get background information to assist me in serving you.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May I leave a message here? Yes/No

Cell Phone: \_\_\_\_\_ May I leave a message here? Yes/No

Address: \_\_\_\_\_

\_\_\_\_\_

Have you ever received counseling and or any psychological services in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, how long, and for what reason? Please describe how it was helpful/unhelpful.

How did you hear about me and counseling services I provide?

Employment / School: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ # hours/wk

What do you see as the major issues you intend to address in counseling or what is your main concern or issue that prompted you to come here today?

What is your goal for counseling? What would you like to accomplish?

Are you now, or have you ever, had thoughts of suicide? If yes, when?

Do you currently have supportive people in your life? Who are they?

What one thing would you like MORE of in your life?

What one thing would you like LESS of in your life?

What are you most passionate about?

Please list any current physical conditions.

Please list any prescription drugs currently taken and purpose.

Family of Origin \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ Mental Health Concerns \_\_\_\_\_ Other \_\_\_\_\_

Mother

Father

Brother (s) / Sister (s)

