

**CLIENT INFORMATION**

The information is requested to help me work with you and get to know you a little better. Please fill out this form as completely as you can.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

When scheduling appointments, which telephone number would you prefer for contact?  
\_\_\_\_\_

**In case of emergency, please indicate whom you would like me to contact**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Health**

Do you have any current health conditions or concerns I need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

Do you have a history of any serious illnesses or injuries? \_\_\_\_\_  
\_\_\_\_\_

Do you take any medications? \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with a counselor or other mental health professional? \_\_\_\_\_  
If yes, how was this experience? \_\_\_\_\_  
\_\_\_\_\_

When did you last see a counselor? \_\_\_\_\_

Have you ever tried to harm yourself? \_\_\_\_\_ If yes, please indicate what type of medical or  
mental support you received at that time. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for mental, chemical or emotional problems? \_\_\_\_\_  
If yes, please provide dates and locations. \_\_\_\_\_

**Counseling Goals**

Please tell me what brought you to counseling and what, if anything, you would like to change.

---

What changes have you noticed in yourself lately? \_\_\_\_\_

Why are you seeking help *at this particular time*? \_\_\_\_\_

---

How might you know when you have resolved the issues which brought you to counseling?

---

What are some of your strengths? \_\_\_\_\_

What do you care about deeply? \_\_\_\_\_

---

What do you like to do for fun? \_\_\_\_\_

---

Do you have spiritual beliefs? If so, what are they? \_\_\_\_\_

---

Do you work or go to school? If so, what kind of work/schooling do you do? \_\_\_\_\_

---

What does it or might it look like to you to feel/be well? \_\_\_\_\_

---

Thank you for taking the time and effort to fill out this form. If you have any questions, please ask.

