

Confidential Client Information

Personal:Date: / / Last Name First Name Initial

Referred by

Address

City State Zip -Home Phone () - Work Phone () - Cell Phone () -May I contact you at home? Work: Cell:Birth Date / / Age Male FemaleOccupation Highest Level of Education

Marital Status:

Single Married Widowed Divorced Separated If married, how long?

Is your spouse supportive of you seeking counseling?

Do you have children? Names and AgesIn case of emergency, please notify: Phone () -**Medical History:**Are you currently under medical care: If yes, please indicate reasonPhysician's Name Phone () -Do you take prescription medications? If yes, what are they?Prescribing Physician's Name, if different from above Phone () -

List any psychiatric/mental health medications you have taken

Date and outcome of last physical exam

Other significant medical history

Counseling History:

Have you previously seen a counselor/therapist/psychologist/psychiatrist?

Name/Date/Location

When was your last appointment with any of the above?

Reason for terminating last counseling

Have you ever been admitted to a mental health care facility?

If so, date and location?

Have you ever attempted suicide? Have any family members attempted suicide?

State in your own words the reason you are seeking counseling:

How do you hope counseling will help?

Is there anything else that you feel is important for your counselor to know?

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Please place an "X" by any of the following struggles that pertain to you.

Nervousness	Health Problems	Unhappiness	Alcohol Use	Honesty
Sexual Problems	Suicidal Thoughts	Compulsive Habits	Divorce	Ambition
Financial Struggles	Work Problems	Concentration	Relaxation	Loneliness
Anger	Self-control	Temper	Memory	Stress
Career Choices	Drug Use	Children	Decision Making	Parents
Eating Disorders	Tiredness	Depression	Impulsiveness	Education
Grief/Loss	Appetite	Doubts about God	Marriage	Intimacy
Relationships	Inferiority Feelings	Separation	Shyness	Friends
Thought Patterns	Sleep Problems	Nightmares	Addictions	Fears

Briefly describe your childhood family: