CONFIDENTIAL CLIENT INFORMATION

Adult Information *Date*_____

*Name*_____

*DOB*_____

*Street Address*_____
*City*_____ *Zip* _____

*Telephone (h)*_____ *(c)*_____
*(w)*_____

My we call and/or leave a message on any of the above number? Y/N

Email _____

May we communicate with you via email? Y/N

*Occupation*_____

Highest grade/Degree _____

Referred by _____

*Marital status*_____

*Previous marriages*_____

Children/Step/Grand (names and ages)
_____

*Emergency Contact Name*_____

*Ph.#*_____

Second Client/Spouse/Partner

*Name*_____

*DOB*_____

*Street Address*_____

*City*_____ *Zip*_____

Telephone (h)_____ (c)_____
(w)_____

May we contact and/or leave a message for you on the above numbers? Y/N

Email_____

May we communicate with you via email? Y/N

Occupation_____

Highest Grade/Degree_____

Marital status _____

Previous marriages_____

Children/Step/Grand (names, ages)
_____

Emergency Contact Name_____

Ph.#_____

Minor Client

Child (ren)'s Name(s) and DOB:
_____

Street Address_____

City_____ Zip_____

Telephone (h)_____ (c)_____

School: _____ Grade: _____ Teacher: _____

Parent's Marital Status_____

Custody Arrangement_____

Person Responsible forAccount_____

Treatment Information

Current Reasons for seeking counseling:

_____
_____
_____
_____
_____
_____

Please specify whose information-if more than one client.

*Medical Doctor(s)*_____
*Ph.#*_____

Past/Present Medical care (specify: major problems, accidents, hospitalizations):

_____
_____
_____

Current Medications (include dosage)
_____

Past/Present Counseling:

1. Therapist:
_____*Ph#*_____

*Initial reason for treatment*_____

*Length of treatment*_____

2. Therapist:
_____*Ph.#*_____

*Initial reason for treatment*_____

*Length of treatment*_____

List any current physical symptoms (such as appetite loss, overeating, low energy, insomnia, headaches, dizzy spells, numbness, seizures, epilepsy, chronic pain, anxiety, sweating, shakes etc.):

_____
_____
_____

Family history of alcoholism, mental illness, violence or suicide:

_____

_____

Any additional information you would like me to know.

_____