Client Information Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Is it okay to leave a message? _____

Email Address: _____

Date of Birth* _____

Marital Status: ☐ Single ☐ Married ☐ Committed Relationship ☐ Widowed

☐ Separated ☐ Engaged ☐ Cohabitating ☐ Dating

Who referred you to this office? _____

May we thank them? _____

Spouse or Partner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Is it okay to leave a message? _____

Spouse's Email Address: _____

Date of Birth* _____

Additional individuals participating in therapy

Name	Relationship	Date of Birth	Address if different

Please provide names and dosages for medications of individuals participating in therapy.

Medication	Prescribed to	Dosage	Doctor

Have you ever attended therapy? _____

Was it helpful? _____

If yes, in what way? _____

Please check below for any stressors that you are experiencing or have previously experienced.

☐ Financial ☐ Employment ☐ Birth ☐ Death/Loss ☐ Legal

☐ Substance Abuse ☐ Domestic Violence ☐ Health Issues ☐ Other

If you have checked "other," please briefly explain: _____

_____

Place a check in the box for any of the following that apply either presently or in the past.

☐ Headaches ☐ Dizziness ☐ Fainting ☐ Heart Palpitations ☐ Stomach

☐ No appetite ☐ Unable to sleep ☐ Feeling anxious or unable to relax

☐ Feeling Sad ☐ Feeling depressed ☐ Difficulty making friends

☐ No ambition ☐ Suicidal thoughts

Please state why you decided to come to therapy.

_____

_____

_____

**For a minor child, (under 18 years of age) please provide names and addresses of both parents or guardians. See next page.*

Mother's Name _____

Address: _____City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Father' Name _____

Address: _____City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

For children of divorced parents (minors), both parents must sign Informed Consent, indicating agreement that the minor child can be seen in therapy.