

Client Information

Today's Date: _____

Client Name: _____

Address: _____

Cell: _____ Home: _____

Date of Birth: _____

Married _____ Single _____

Children: Yes _____ No _____

Ages _____

Employer: _____

#Years: _____

Please provide a summary of the issue for which you are seeking counseling:

Have you sought counseling for this issue before? If so, was the counseling successful?

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Are you currently taking any medications for anxiety, depression or other mental health issues? If so, what are they?

Are you experiencing any of the following?

Sleep problems: too much _____ too little _____

Eating: too much _____ too little _____

Headaches: _____

Panic Attacks: _____

Tearfulness: _____

Suicidal Thoughts _____

What are your goals for counseling?

Where did you learn of my counseling services?

Referral? _____

Website? _____

Google Ads? _____

*Your information is confidential and cannot provided to anyone without your written consent.