

NEW CLIENT INFORMATION SHEET

The purpose of this form is to get background information to assist me in serving you.
If you are uneasy about answering parts of this information sheet, please write that on the sheet.
All information is confidential.

Today's Date: _____

Date of Birth: _____ Age: _____

Full Name: _____

Telephone: _____ Is it okay to leave a message at this number? ___ Yes ___ No

2nd Telephone: _____ Is it okay to leave a message at this number? ___ Yes ___ No

Address: _____

Email: _____

1. Have you ever received counseling, psychological, or psychiatric services in the past? ___ Yes ___ No
If yes, where, how long, and for what reason? Describe how it was helpful / unhelpful.

2. At times, people may have reluctance or hesitation in seeking professional help. Please mark the degree of hesitation / reluctance you feel. ___ None ___ Some ___ A lot

3. How did you hear about me and counseling services I provide?

4. Do you have health / medical insurance? ___ Yes ___ No

5. Employment / School: ___ Full time ___ Part time ___ # of Hours per week

6. What main concern or issue prompted you to come here today?

7. Are you now, or have you ever, had thoughts of suicide? If yes, when?

8. Do you currently have supportive people in your life? Who are they?

9. How would you describe your current relationship status (single, partnered, married, divorced)?

10. Do you have children (names, ages)?

11. What one thing would you like MORE of in your life?

12. What one thing would you like LESS of in your life?

13. What are you most passionate about?

14. Please list any current physical conditions.

15. Please list any prescription drugs currently taken and purpose.

16. Family of Origin

	Age	Occupation	Mental Health Concerns	Physical Health Concerns
Mother / Partner				
Father / Partner				
Step / Foster / Caregiver				
Step / Foster / Caregiver				
Siblings				
Brother / Sister				
Brother / Sister				
Brother / Sister				
Are your parents married/divorced/separated/remarried?			If divorced, how old were you at the time?	