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Client Information Form

Today's date: _____

A. Identification
Your name: _____ Date of birth: _____ Age: _____
Home street address: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Preferred phone: _____ e-mail: _____
Social Security #: _____
Calls or e-mail will be discreet, but please indicate any restrictions: _____

B. Referral: Who gave you my name?
Name: _____ Phone: _____
Address: _____
May I have your permission to thank this person for the referral? ❑ Yes ❑ No
How did this person explain how I might be of help to you? _____

C. Religious and racial/ethnic identification
❑ Protestant ❑ Catholic ❑ Jewish ❑ Islamic ❑ Buddhist ❑ Hindu Other (specify): _____
Involvement: ❑ None ❑ Some/irregular ❑ Active
How important are spiritual concerns in your life? _____
Ethnicity, national origin, Race or other way you identify yourself and consider important: _____

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____
Address: _____
If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ❑ Yes ❑ No

E. Your current employer
Employer: _____ Address: _____
Work phone: _____ or other means of communication _____

F. Emergency information
If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____
Address: _____

G. Your education and training (post high school if over 18):
Dates Schools School Problems?

Did you graduate?

_____

_____

_____

H. Employment and military experiences:
Dates Name of employers Job title or duties

Reason for leaving
_____

_____

_____

_____

I. Family-of-origin history
Relative, Name, Living/Deceased, Current age, Illnesses (or cause of death, if decreased), Education, Occupation

Father _____

Mother _____

Brothers _____

Sisters _____

Stepparents _____

Other Important Family _____

J. Marital/relationship history
Date: Partner's name/age: Status of Relationship:

First _____

Second _____

Third _____

K. Children

Name , Age, Sex, School, Grade, Problems?

_____

_____

_____

_____

L. Any other information you think I should know (continue on back)?