

**CONFIDENTIAL CLIENT INFORMATION FORM**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Education \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_ If any, religious affiliation \_\_\_\_\_

Previous counseling and psychotherapy (dates and names of therapists)

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Referred by/ How did you hear about our services? \_\_\_\_\_

May we acknowledge our meeting to any referral source? \_\_\_\_\_

Please state briefly your reasons for seeking services at this time.

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What do you think may be getting in the way of you resolving your current problems or concerns?

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What are a few of your current goals that you wish to achieve while participating in counseling and how do you currently believe you can best achieve those goals?

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**MEDICAL**

Name of physician \_\_\_\_\_ Date of last exam \_\_\_\_\_

What medical problems or illness do you have? \_\_\_\_\_

\_\_\_\_\_

If taking any medications, what are they? \_\_\_\_\_

\_\_\_\_\_

**PARTNER AND CHILDREN**

If in a primary relationship, name of partner? \_\_\_\_\_

If living together, how long? \_\_\_\_\_ If married, how long? \_\_\_\_\_

If there are children from this relationship, please indicate:

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

If previously married, please indicate:

Name of former spouse	Years married	Date marriage ended	Reason marriage ended
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_____	_____	_____	_____
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If there are children by previous marriages or primary relationships, please indicate:

Name of child	Gender	Age	Name of other biological parent
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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## SIBLINGS & PARENTS

If any brothers and sisters (including those deceased), please indicate:

First Name	Age	Gender	Education	Marital Status	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father's Name \_\_\_\_\_ Birth place \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ If any, religious affiliation \_\_\_\_\_

Present age \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Birth place \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ If any, religious affiliation \_\_\_\_\_

Present age \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Was either parents married more than once? Please give details \_\_\_\_\_

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