

Client Information Request

Date: _____

First Name _____ Last Name _____

Date of Birth: _____ Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

What is the best way to contact you? Phone Email Text

Are you: Single Married/Cohabiting Separated Divorced Widowed

Do you have children? Yes No

If yes, please list their name and ages: _____

Please describe your current employment situation: _____

What brought you in to therapy today?

Is this your first time in therapy? Yes No

What medications (if any) are you currently taking? _____

Do you have a history of:

Depression Anxiety Abuse/Trauma Relationship Problems Drug/Alcohol Abuse

Please describe any other concerns that you would like me to know about immediately:
