

**CLIENT INFORMATION FORM**

Date: \_\_\_\_\_  
Name of Person Completing Form: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Years Married: \_\_\_\_\_ 1<sup>st</sup> Marriage? Yes / No  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Would you like to receive appointment reminders via text message? Yes / No  
Email address: \_\_\_\_\_

Would you like to receive appointment reminders via email? Yes / No  
It is our standard office procedure to email your receipts. Please initial here for your consent: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF MINOR:**

Natural Father Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Natural Mother Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IF ADULT:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
College Attending: \_\_\_\_\_ Major: \_\_\_\_\_  
Church Attending: \_\_\_\_\_ Pastor/Priest: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

List names, ages, and relationship to all members living in the household other than the client:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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What has occurred recently that resulted in seeking help today?

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Current physical conditions (medications, health problems, recent surgery, etc.)

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List the dates and names of previous therapy and counselor(s):

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Family stressors: (dates of deaths and relationship of deceased, divorce, remarriage, illnesses, foster placements, history of abuse/neglect, family conflict or violence, who was involved, etc.):

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Problems at school/work (attendance, relationship with peers, supervisor or teacher, change in quality of work, grades, special education placement):

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Anything else you would like your counselor to know about your present situation:

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