



Confidential Client Information

Welcome to my practice. Please fill out the following questions as completely as possible. I request this information to help us work together. Everything is confidential.

Please Print or Write Legibly

Name _____

Last

First

Middle Initial

Address _____

Street

City

State

Zip Code

Phone number where message can be left _____

Email Address _____

Employer/Position _____ Length of time _____

Age _____ Birth date _____ Birth place _____

Citizen of what Nation _____ Ethnic Background _____

Religious affiliation _____

Do you want spirituality/religion to be included in your therapy session? Yes / No

Education: Number of years _____ Degree _____ Field _____

Do you have any special dreams or goals that currently influence you? What are they?



Briefly describe the issues that are important to you. Please mention any ambitions, difficulties, obstacles, etc., even if they seem relatively unimportant.

How long have these issues been important?

What avenues have you explored to work on these?

Have you had previous counseling, psychotherapy or psychiatric care over the past two years?

If yes, give: name of clinician _____ Degree/License _____

Sessions from _____ to _____ Reason for leaving _____

Reason for seeking therapy at this time (if different than what you described above)?

What will be different in your life that will tell you that this therapy has been successful?

Do you have any practices or disciplines that are helpful to you, especially in difficult times?
