

Client Information Sheet

Date _____

Your name	Birthday & age
Address	Phone(s)*
Email(s)*	*Is it okay to leave voicemail or send email? Any restrictions?
Occupation	Educational background
Marital/significant relationship status & length of relationship	Children names & ages (if applicable)
Emergency contact name, phone & relation	
How did you hear about me?	
If you were referred, may I send a thank-you note to the above-named person?	

Payment Type (circle one): Private Pay Insurance* (continue if using insurance)	
Name of person who insurance is under (please include middle initial)	Name of insurance/ ID#s
Name of employer	Birth date of person who insurance is under
Secondary Insurance (if applicable). Please include same information as above.	

Please note that any fees not covered by insurance are your responsibility.

Do you have any significant past or current physical illness? (Please describe):

Current medications & purpose:

Do you have any history of substance abuse, addictions, or treatment programs?

Previous or current mental health issues?

Do you identify with a religious or spiritual tradition? (Please describe)

Have you had previous counseling experiences? Was it helpful? Why or why not?

What are the strengths of your relationship?

What do you want to accomplish in counseling?

Anything else that is relevant, important, or you feel that I should know about (flip over for more space)