



New Client Information Form

Preferred Name _____ Today's Date _____

Legal Name _____ Date of Birth _____

Social Security or Driver's License Number _____

Home Address _____ Personal Phone _____

City/State/Zip _____ Work Phone _____

Email Address _____

Emergency Contact Name _____

Relationship to You _____ Phone Number(s) _____

Who do you live with and for how long? _____

My relationship with my family is: **Great** **Good** **Okay** **Strained** **Awful** **Other** _____

Are you a student? **Yes** **No** If so, **Full Time** or **Part Time**

Name of school or college _____ Major/Favorite Subject _____

Anticipated date of graduation _____ Grade/Year _____

Are you currently employed? **Yes** **No** If so, please complete the following:

Employer _____ Position _____

How long have you worked at this company/organization? _____

Comments _____



Which of the following topics are important and/or impact you? (Please check all that apply.)

<input type="checkbox"/> Race, Ethnicity, Cultural Issues	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Body Image
<input type="checkbox"/> Relationships/Intimacy	<input type="checkbox"/> Drugs/Alcohol	<input type="checkbox"/> Friendship
<input type="checkbox"/> Spirituality/Religion	<input type="checkbox"/> Family Issues	<input type="checkbox"/> Safer Sex
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Other _____

Have you ever been physically abused? **Yes No**

Comments: _____

Have you ever been sexually abused or assaulted? **Yes No**

Comments: _____

Have you ever attempted to kill yourself? **Yes No**

Comments: _____

Are you currently contemplating suicide? **Yes No**

Comments: _____

Do you have any medical problems, physical limitations, allergies, or dietary restrictions that you would like me to know about? If yes, please list them below:

Are you currently taking any medications? If yes, please list them below:

Have you ever participated in counseling before? If so, please tell me when, where, why, and who your therapist was.

What brings you to therapy?

How did you hear about my practice?

What would you like to talk about during our first session?

What would you like to accomplish over the course of counseling?

Is there anything else would you like for me to know as we begin our work together?
