

Client Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Children: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly explain why you are seeking services now:

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What would you like to accomplish in therapy/life coaching?

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Previous experience with counseling or life coaching (duration, liked/disliked, effectiveness):

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Physician's name: \_\_\_\_\_ Describe any physical issues:

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If you are taking any prescribed medication, please indicate and include dosage:

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Please describe any family history of mental illness:

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If you have been diagnosed with a mental illness, please indicate here:

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Diagnosing Physician: \_\_\_\_\_

Are you feeling suicidal? \_\_\_\_\_ Have you felt this way before?

Have you ever been hospitalized for any emotional reason? \_\_\_\_\_

If yes, when and where \_\_\_\_\_

Have you ever experienced a traumatic event? ( natural disaster, domestic violence, sexual assault, etc.) If so, please describe briefly:

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Please list any current or past drug and alcohol use:

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Other issues of importance that you would like me to know: