NEW CLIENT INFORMATION FORM

Please provide the following information and answer the questions below.

Client Information

Date: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Best time to call?_____

Is it okay to leave messages at these numbers? ☐ Yes ☐ No

If no, please list which number it is okay to leave a message_____

E-Mail Address: _____

Address: _____

Street Address

_____

City State Zip

How long have you been living at this address? _____

Occupation: _____

Date of Birth: _____

For appointment scheduling, what are the best:

Times of day:_____

Days of the week:_____

Marital Status:

☐ Never Married ☐ Married ☐ Domestic Partnership ☐ Divorced ☐ Widowed

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Please list the names and relationships of the five most important people in your life:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have pets? ☐ Yes ☐ No

If yes, please list: _____

Education: _____

How would you rate your overall physical health?

☐ Excellent ☐ Great ☐ Good ☐ Fair ☐ Poor

Do you have any sleep problems? ☐ Yes ☐ No

If yes, please describe:_____

Are you dealing with any past or current addictions? ☐ Yes ☐ No

If yes, please describe: _____

Have you had any issues with Depression, Anxiety, or ADD/ADHD (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)? ☐ Yes ☐ No

If yes, please describe:_____

Are you currently seeing a therapist? ☐ Yes ☐ No

If yes, please describe what issues you are addressing in therapy:

_____

_____

Are you currently taking any medications? ☐ Yes ☐ No

If yes, please list:

_____

_____

Are you usually: ☐ Early ☐ On Time ☐ Running Late

Do you exercise regularly? ☐ Yes ☐ No

If yes, please describe what you do and how often:

_____

_____

How often do you watch television?

_____

What are your favorite hobbies and sports?

_____

_____

What do you do for fun?

_____

_____

What is your spiritual orientation?

_____

_____

When you treat yourself, what are things you like to do?

_____

_____

What is your idea of a perfect vacation?

_____

_____

How did you hear about me?

_____