



## CONFIDENTIAL CLIENT INFORMATION

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

What phone number and/or who may we leave messages with \_\_\_\_\_

Ethnicity \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_

Highest Grade/Education Level Completed \_\_\_\_\_

Children's Names /DOB \_\_\_\_\_

*Emergency Contact:* Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

If you are a minor and/or someone else is responsible for payment, please provide details:

Name and contact information \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

Please list any known medical problems \_\_\_\_\_

Please list any medications you are taking as well as the prescribing doctor / psychiatrist

\_\_\_\_\_

Any previous counseling or coaching experiences? \_\_\_\_\_

If this is a professional referral source, can we contact them? \_\_\_\_\_

Name of Dr./Pastor/Professional that referred you. \_\_\_\_\_

Please tell us why you are here today. What would you like us to help you with?

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What are your specific goals of our working together?

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And most importantly, how will we know when we are done? What will life look like?

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Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Confidential Detailed Health History

Past Hospitalizations for either mental or major physical health issues (dates and reason):

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Medication history since childhood, including drug, purpose, doctor, and location:

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Any outpatient treatment or support groups for substance abuse, eating disorders, etc:

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Any legal actions that have arisen due to issues noted above:

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_