



## CONFIDENTIAL CLIENT INFORMATION

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

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

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

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_

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

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

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

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

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? \_\_\_\_\_