



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 _____

Email Address _____

Employer _____

Marital Status _____

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 _____

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? _____