



The Place Within

A Nonprofit Counseling Center

New Client Information

Welcome. So that we may assist you, please complete the following:

Date: _____ Marital Status: _____ Occupation: _____

Name: _____ Date of Birth: _____ Age: _____

Name of Significant Other: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Work phone: (_____) _____ Fax: (_____) _____

If we call, can we identify ourselves as counselors from The Place Within Counseling? Yes__ No__

Can we contact you by email? Yes ___ No ___ Email Address: _____

Emergency contact: _____ Phone: _____

Emergency contact: _____ Phone: _____

Monthly Income: _____ (Couples combine)

Physician: _____ Phone: _____ Last Checkup Date: _____

Current Medications: _____

Reason for Counseling: _____

Previous psychotherapy? Yes ___ No ___ Year and reason: _____

On average how many days/week do you drink alcohol? _____ How many drinks/day? _____

Have you ever tried drugs? ___ What types? Currently using? _____ How often? _____

How did you find us? Yahoo Google Yellowpages.com Craigslist Facebook Other: _____

May we know who referred you? _____

Your Signature: _____ Date: _____