
CLIENT INFORMATION FORM

Please complete the following for Mindful-Relating LLC, Kareen Caputo LISW

Last Name

First Name

Birthdate

Email

Cell Phone

Home Phone

Street Address

City

State

Zip

Relationship Status:

Living together

Married

Separated

Divorced

Profession or description
of employment:

Level of education:

Prior relationship therapy
or counseling experience?

If yes Facility/name of the
counselor:

Circle how helpful the counseling was from 1 being not helpful to 5 being very helpful.

1

2

3

4

5

Signature

Date