

## CLIENT INFORMATION FORM

Last Name:  First Name:   
Birthdate:  Today's Date:   
Address:   
Email:   
Cell Phone:  Home Phone:

Relationship Status: ☐ Living Together ☐ Married ☐ Separated ☐ Divorced

Profession or  
Description of Employment:

Level of Education:

Prior Relationship  
Counseling or Coaching  
Experience:

If Yes, the Facility/Name of  
the Counselor/Coach

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

(Print name)

(Signature)

(Date of Birth)

(Date)