



### Confidential Client Information

Full name: \_\_\_\_\_ Preferred name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ May I send mail? \_\_\_\_\_

Email address: \_\_\_\_\_ May I contact you via email? \_\_\_\_\_

Preferred phone number (and type): \_\_\_\_\_ May I call this number? \_\_\_\_ Text? \_\_\_\_\_

Alternate phone number (and type): \_\_\_\_\_ May I call this number? \_\_\_\_ Text? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Birth sex: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_ Race: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

Relationship status: \_\_\_\_\_ Spouse/partner name: \_\_\_\_\_

Do you have children? \_\_\_\_ Names and ages: \_\_\_\_\_

Previous Mental Health Services (please provide **type of service, provider, dates** and any **regular medications**):

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If you are currently under the care of a psychiatrist, please include their name: \_\_\_\_\_

Ongoing Medical Issues (please include any **regular medications**):

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If you are currently under the care of a physician, please include their name: \_\_\_\_\_

Please describe any current or previous involvement with the legal system:

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Do you smoke? \_\_\_\_ Is it a problem for you? \_\_\_\_ Is it a problem for your family? \_\_\_\_

Do you drink alcohol? \_\_\_\_ Is it a problem for you? \_\_\_\_ Is it a problem for your family? \_\_\_\_\_

Do you use any illicit substances? \_\_\_\_ Is it a problem for you? \_\_\_\_ Is it a problem for your family? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Please describe why you've reached out to me:

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Please describe what you'd like to achieve during our time together:

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Please describe your strengths:

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What else would you like to share?

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