Dr. Jackie Jiang & Associates
Phone: 309-944-7833 Fax: 309-403-0554

New Client Information

Client Name: _____ Date: _____

Has the client being seen today received services here before? (Please circle) Yes No

What problem(s), difficulty, or concern are you/the client seeking assistance with?

_____

_____

_____

_____

_____

When did the problem(s) start? _____

How long has/have the problem(s) been going on? _____

How often does/do the problem(s) occur? _____

How does/do the problem(s) affect your daily life/functioning?

_____

_____

_____

What steps have you taken so far to resolve this/these problem(s)? What have been the results of your attempts to resolve this/these problem(s)?

_____

_____

_____

How would you like the problem(s) to be resolved? How do you think therapy may help?

_____

_____

_____

(Please use the back of this page if more space is needed.)