



Client Basic Information

Name: _____ Gender: _____

Have you attended any therapy or counseling before? _____ When? _____

Age: _____ Birthdate: _____ City Live in now: _____

City Born & City Grew Up: _____

Who raised you? _____

Parents divorced? _____ Your age when? _____ Remarried? _____

Your childhood rating? 1 terrible _____ 10 wonderful

Parents / Siblings? (first names / ages) *** Optional ***

Any children? (first names / ages)

Pets? (type & name)

Your birth order? _____ Has anyone close to you died? _____

Your Religion? _____ Practicing?: _____

Job/Career? _____

Any other key factors I should know about which will pertain to your therapy session?

What brought you into therapy? _____

Are you okay with homework? _____ May I text you? _____ May I email you? _____