

Confidential Client Information

Date:

Name:

Age:

Address:

City:

State:

Zip:

Phone:

May we leave a message here?

Yes

No

Birth date:

Email:

Occupation/Employer:

Marriage and Family Information

Name of Spouse:

Age:

Phone:

Email:

Occupation/Employer:

Please fill out the following section if seeking marriage counseling. If not, check here: N/A

Is your spouse willing to come in for counseling: Yes No Uncertain

Have you been separated?

If yes, when and how long?

Date of marriage:

Ages when married: Husband:

Wife:

How long did you know your spouse before marriage?

Have you been previously married?

If yes, complete the chart below.

Ex-spouse's Name

Year Married

Year Divorced

Number of kids

Ex-spouse's Name	Year Married	Year Divorced	Number of kids

Spiritual/Religious Information

Do you consider yourself a religious person? Yes No Uncertain

Did you grow up in a spiritual home? Yes No Uncertain

How do you identify with or relate to Christianity?

Church name (if applicable):

Years at church:

Pastor's Name:

Are you comfortable having me speak with your pastor?

Church attendance: _____ times per month

If applicable, what is the religious background of your spouse?

Please note any recent changes in your spiritual life:

Health Information

Have you been to counseling before? Yes No Currently

Have you seen a psychiatrist before? Yes No Currently

Age **Duration** **Counselor/Center** **Topic** **Evaluation**

Age	Duration	Counselor/Center	Topic	Evaluation

Approximately how many hours of sleep to get per night?

Describe any recent changes in sleep habits:

State of current health: Very good Good Average Declining Other

If other, explain:

Are you presently taking medication?

Yes

No

Medication

Dosage

Frequency

Date began taking...

Prescribed for...

Medication	Dosage	Frequency	Date began taking...	Prescribed for...

On a scale of 1 to 10 how distressed are you? (1 – very little, 10 – extremely)

Other Information

Please describe the problem, as you understand it:

What have you done about it? (Most effective, least effective)

Other than counseling, what help are you seeking?

Who referred you to me for help?

Please describe any family history (the family you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or events, for example).

What are your expectations in coming to counseling?

What, if any, are your concerns about coming to counseling?

What do you believe will have to change to see the progress you desire?

Is there any other information I should know?

Teen Specific Information

Whose idea was it to pursue counseling, you or your parents?

On a scale of 1-10, how eager are you to begin this process? (1 being "I refuse to go" and 10 being "can we start today"?)

How many hours a day would you say typically spend online?

Which apps do you use most? Instagram Snapchat Tik Tok Facebook Other (please specify)

Thank you for taking the time to complete this form. This information will help me better serve you as we begin our time together.