

Client _____

Dx _____

(Office Use only)

Client Information Sheet

Briefly state why you think you need counseling or psychotherapy:

How long has this problem been in existence?

Are you under a physician's care or on any medication for current psychological issues?

yes no

If yes, physician's name: _____

Specify for what reason: _____

Which medications? _____

Did anyone refer you to this office? _____

Have you had previous counseling or psychotherapy? yes no

Specify _____

Relationship Status: Single Engaged Married/Partnered Separated

Divorced Widowed

Is this your first marriage/partnership? Yes No How many previous? _____

Length of current marriage/partnership: _____

Is your current marriage/partnership unhappy.....happy.....very happy

(Circle number if applicable)

1 2 3 4 5

Children, step-children, adopted children, or foster children

Name Gender Age Relationship Deceased

(first name only)

(m or f)

(if not biological: step, foster, etc.)

(mark with +)

