

CONFIDENTIAL CLIENT INFORMATION



Therapy for Inner Well-Being
and Interpersonal Success

Name _____ DOB _____ Age _____ SS# _____

Spouse _____ DOB _____ Age _____ SS# _____

Children (Include Stepchildren)

Name _____ DOB _____ Age _____ Grade _____ School _____

Name _____ DOB _____ Age _____ Grade _____ School _____

Name _____ DOB _____ Age _____ Grade _____ School _____

Name _____ DOB _____ Age _____ Grade _____ School _____

E-Mail Address _____ Home Phone _____

Mailing Address _____ Cell Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____

Referral Source _____ Marital Status _____

You are seeking counseling for ___ Self ___ Marital ___ Child ___ Family

What has been your previous counseling experience? ___ Self ___ Marital ___ Child ___ Family

Name(s) of previous therapist(s): _____

Health Insurance: Yes ___ No ___ Insured _____

Insured Date of Birth _____ ID# _____ Group _____

Company Name _____ Address _____

City _____ State _____ Zip _____ Telephone # _____

Please give a brief statement of your need to seek help:
