CONFIDENTIAL
NEW CLIENT INFORMATION

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Licensed Mental Health Counselor
License # LH 60200557

Welcome to my psychotherapy practice. I appreciate that you have chosen to work with me to explore your counseling needs and objectives. The following information will help me to get a general idea of your circumstances. Please be as accurate as possible.

Today's Date: ____

Referred by: ____

Client's Name: ____

Mailing Address: ____

____

Email address: ____

Marital Status:
- ☐ Single
- ☐ Married
- ☐ Partnered not married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other

Phone Numbers **Home:** ___________________________ **Cell:**______________________

Age:_________ **Birth date:**________________________

Names of others who live in your household, including pets:	**Age:**	**Relationship:**

Please list any children you have who do not live with you:

Name	**Age if living**	**Living where**	**Deceased when**

Occupation (if retired or not working, please state what occupies your time and energy):

____

Employer (if applicable):______________________________________**Self-Employed:**_____________

Education # of years:__________ Degree:____

Field of education: ____

Family of Origin:

	Name	Age if living	Living where	Deceased when
Father				
Mother				

Siblings (in birth order, including yourself)

Name	Age if living	Living where	Deceased when

In your family, was there a history of: ☐ Alcoholism ☐ Substance abuse ☐ Mental Illness ☐ Physical or sexual abuse

Health:

Current Medications: ____

____

____

Significant Medical Problems:

____

____

Have you had previous counseling or psychiatric care? ☐ Yes ☐ No

If yes, please give:

Name of clinician	Degree/License	Time period from	to

Have you ever been hospitalized for substance abuse, alcoholism, eating disorders, or other psychiatric issues?

☐ Yes ☐ No **Specifics:**____