



Client Background Information

By providing the following information, you will help us get to know you better. As we can understand what you want to achieve in counseling in the context of the broad range of information about you that is asked for in this form, we will be able to more quickly help you toward the goals in counseling that we set together.

Remember that any information you provide us with, in written or oral form, is completely confidential subject to the limits discussed in the Consent to Treat form that is a part of the packet for new clients. Please be as truthful as possible as you respond to the following questions.

I. Identifying Information

Name _____ Today's date _____

Home Address _____ Home phone _____

_____ Age/B-day _____

Occupation & Company _____ Work phone _____

Marital Status (check all that apply) ___ Single ___ Engaged ___ Married ___ Separated

___ Divorced ___ Re-married

If you are remarried, how many times have you been married? ____

Current spouse's name _____ Age/B-date _____

Spouse's occupation & Company _____

May we call either of you at work? _____

Children's names and ages _____

What is your educational background? _____

How did you hear about me? If someone referred you, may we contact them to thank them? _____

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II. Personal Background

Where were you born? Where did you grow up? Did you move a lot as a child? _____

How many siblings do you have? In terms of emotions and relationships, how would you describe the family you grew up in? _____

What events or patterns from your younger years do you believe continue to influence you today? How would you describe that influence? _____

Use several different words to describe your general *relationship* style: _____

Use several different words to describe your general *personality* style: _____

III. Physical Health

Date of Last Physical:

Any current diseases or illnesses? When Diagnosed by Physician? What is the Treatment? How much and what kind of exercise do you do?

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Have you in the past or do you now use mind-altering substances? What do you use most commonly?
When was the last time you used, what did you use, and how much? _____

How would you describe your spiritual life? How often do you think about God? What do you think He thinks about you? Are you active in any church – which one? What do you do to feel close to God?
How do you see spirituality in relationship to the reason you are coming for counseling? _____

How do you describe your reason for seeking counseling? What do you want to get out of your counseling experience? _____

Thank you for providing this information! The energy and thought you have put into these answers will benefit your therapist and thus enhance your own experience of the counseling process.