

Client Information Form

Name: _____

Age: _____ Gender: Male Female

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Please list any children & their ages:

Address: _____

(City) (Province) (Postal Code)

Home Phone: () Can I leave a message? Yes No

Cell/Other Phone: () May I leave a message? Yes No

E-mail: _____ May I email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Occupation: _____

Emergency Contact Information:

(Name) (Relationship) (Contact number)

Referred by (if any): _____

What brings you to therapy? Why now?

What benefit(s) do you hope our sessions will provide?

What would you like to accomplish during your time in our sessions?

**Have you been in therapy or received professional assistance in the past?
If so, for how long? What were the results?**

**Generally, do you express your feelings, opinions, and wishes to others in an open, appropriate manner?
Please explain:**

Do you enjoy close relationships with others? Please tell me more.

Do you enjoy your job/career? Please tell me more.

How would your life be different if what is bringing you in was no longer a concern for you?

Why do you think this is happening in your life now?

Would you like to share anything else that would help me get to know you better?

Thank you so much...