

Name: _____ Today's Date : _____

Address: _____

Phone: Home(____) _____ Work(____) _____

Cell (____) _____ Occupation _____

Date of Birth: _____ Age: _____ Gender: M ___ F ___

E-Mail Address: _____ Marital/Significant Partner Status: _____

Educational Background: _____ Learning Disabilities: _____

Emergency Contact: Name/Relationship _____ Phone: (____) _____

Family Information

	Name	Living?	Age	Marital Status	Educational Background/ Occupation	Sig. illness, Addictions	Other Sig. Issues
Father							
Mother							
Children							
Siblings							
Step Parents							
Grandparents							
Closest Friends							
Other Sig. People							

Health and Medical Information

Are you currently being treated by a medical practitioner? ____ Yes ____ No

If yes, for what purpose?

Do you have any chronic medical or physical conditions? Yes ____ No ____

If yes, what are they and how do they affect you?

Please list all the prescription and non-prescription medications you are currently taking:

Have you or someone you are close to ever been concerned about your alcohol or drug use?

Other Information

What is your current living situation? (eg. Living alone, with parents, roommates, partner, spouse, children, pets, etc.)

What prior experience do you have with counseling, psychotherapy or coaching? What has been helpful and what has not been helpful in the past?

Please comment on any significant life experiences you have had that have had an important effect on making you the person you are today (these could be positive or difficult and traumatic experiences).

What other information would be of value to me in creating a space in which you feel safe and can trust?

Do you have a spiritual practice? And if yes, what kind and how often?

What specifically would you like to accomplish in working with me?