

**Client Information Form**

**David E. Brown -Licensed Professional Counselor**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

City

State

Zip Code

OK to call and leave a message?  Yes  No Email \_\_\_\_\_

Education (Grade Completed) \_\_\_\_\_ Employer \_\_\_\_\_

Describe your job \_\_\_\_\_

**Marital Status:**

Currently Married?  Yes  No How long (if applicable) \_\_\_\_\_

Previous Marriage?  Yes  No How Long \_\_\_\_\_

**Spouse Information, if applicable:**

Spouses Name \_\_\_\_\_ Age \_\_\_\_\_

Education (Grade Completed) \_\_\_\_\_ Employer \_\_\_\_\_

Previous Marriage?  Yes  No How Long \_\_\_\_\_

Do you have children or step-children?  Yes  No

**Child Names**

**Ages**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Name / Relationship

Address

Phone

List hobbies or leisure activities you enjoy. \_\_\_\_\_

\_\_\_\_\_

Describe your exercise program \_\_\_\_\_

List the medications you are currently taking and/or medical diagnosis \_\_\_\_\_

\_\_\_\_\_

How much/often do you drink? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Cigarettes? \_\_\_\_\_ Marijuana? \_\_\_\_\_

Describe your goals for seeking counseling \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List current or previous efforts to resolve the items described above, including previous counseling

\_\_\_\_\_

\_\_\_\_\_

Did it help? \_\_\_\_\_

What do you see as your strengths and skills? \_\_\_\_\_

\_\_\_\_\_

In what area of your life do you feel most confident? \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a spiritual person? (Explain) \_\_\_\_\_

\_\_\_\_\_

Is there any other information that I need to know in order to help you achieve your counseling goals?

\_\_\_\_\_

\_\_\_\_\_