

Client Information Sheet

1. Name \_\_\_\_\_ Gender Pronoun \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone number – Home \_\_\_\_\_ Work \_\_\_\_\_
4. Email address \_\_\_\_\_
5. Date and place of birth \_\_\_\_\_
6. Name, address, and phone number of primary care physician \_\_\_\_\_  
\_\_\_\_\_
7. Do you take any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_
8. Are you: Single? \_\_\_\_\_ Divorced? \_\_\_\_\_ Partnered? \_\_\_\_\_ Married? \_\_\_\_\_  
Loss of spouse through death? \_\_\_\_\_ How long? \_\_\_\_\_ How many times married? \_\_\_\_\_
9. Are you involved in a significant relationship which is not a marriage/partnership? \_\_\_\_\_  
How long and what is the nature of this relationship? \_\_\_\_\_
10. Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_  
What are their ages and genders? \_\_\_\_\_  
Does your partner have children? \_\_\_\_\_ How many? \_\_\_\_\_  
What are their ages and genders? \_\_\_\_\_ How many? \_\_\_\_\_
11. How many siblings do you have? \_\_\_\_\_ Which child are you in birth order? \_\_\_\_\_  
What are their ages and genders \_\_\_\_\_
12. Who referred you to me, or how did you hear about my work as a therapist? \_\_\_\_\_  
\_\_\_\_\_
13. Describe in as great detail as you feel comfortable doing any previous psychotherapy or other relevant personal work you have done (use additional pages if you like). If you have ever been hospitalized for metal illness or had suicidal thoughts or made a suicide attempt, please discuss:
  
  
  
  
  
  
  
  
  
  
14. Describe in as great detail as you feel comfortable doing your reasons for beginning psychotherapy and what you hope to gain from this experience (use additional pages if you like):