

**Confidential Client Information**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_  
Email: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_  
Email: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

3. Please list parts of your identity you feel may be relevant and/or important. List as few or as many as you'd like. (Eg. gender, ethnicity, relationship status, sexual orientation, education, parental status, occupation, etc.):

4. Any significant medical history:

5. Who do you currently feel close to and connected with? List any positive or supportive relationships you have:

6. Reason for seeking therapy at this time:

7. What are some of your strengths:

**\*This information is used to help me learn a few things about you before we get started. Please answer to the best of your ability and comfort level. If the client is a child please enter their information in spaces for #1, and fill in the spaces for #2 with parent/s or guardian/s information.**

Form updated: 6/29/15

