

CLIENT INFORMATION SHEET

1. **Your Name**

_____ Date _____

2. **Age** _____ **Date of Birth:** _____

3. **Email:** _____

4. **Address** _____

5. **Parents names & Ph#'s**

6. **Phone Number Home** _____ **Work** _____

7. **Address** _____

8. **Name, Address, and Phone Number of Primary care Physician.**

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9. **Ins. Company**

10. **What is your occupation?** _____ **How long?** _____

11. **Are you a. married** ____ **b. divorced?** ____ **c. single** ____ **d. loss of spouse through death?** _____

12. **Married how long?** _____ **How many times have you been married?** _____

13. **Are you involved in a significant relationship which is not marriage?** _____

14. **How long and what is the nature of the relationship?** _____

15. **Do you have children?** _____ **How many?** _____

16. **What are their ages and sexes?** _____

17. **How many siblings do you have?** _____

18. **What are their ages and sexes?** _____

19. **What is your birth order?** _____

20. **Who referred you to me, or how did you hear about my work as a therapist?** _____

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21. Describe in as great as detail as you feel comfortable any previous psychotherapy or other relevant personal work
