



GENERAL BACKGROUND

Individual Counseling

Couple Counseling

Family Counseling

CLIENT

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE:(home) _____
(work) _____ **(cell)** _____

EMAIL ADDRESS: _____
BIRTHDATE: _____

EMPLOYER: _____ **JOB**
TITLE: _____ **WORK HOURS:** _____

SPOUSE or SIGNIFICANT OTHER:

NAME: _____ **BIRTHDATE:** _____

PHONE: (home) _____ **(work)** _____
(cell) _____

EMPLOYER: _____ **JOB**
TITLE: _____ **WORK HOURS:** _____

CHILDREN, RELATIVES, or FRIENDS living with you:

NAME: _____ **AGE:** _____ **RELATIONSH**
IP: _____

NAME: _____ **AGE:** _____ **RELATIONSH**
IP: _____

NAME: _____ **AGE:** _____ **RELATIONSH**
IP: _____

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?



GROWTH AND HEALING
WELLNESS CENTER, LLC

NAME: _____ RELATIONSHIP: _____

PHONE: _____

HOW DID YOU HEAR ABOUT US?

FRIEND(name): _____ INTERNET(website):_

WHY ARE YOU SEEKING HELP AT THIS TIME?

WHAT DO YOU HOPE TO GET OUT OF YOUR SESSIONS?

