



GENERAL BACKGROUND

Individual Counseling

Couple Counseling

Family Counseling

CLIENTNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE:(mobile) \_\_\_\_\_

(work) \_\_\_\_\_ (other) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

**SPOUSE or SIGNIFICANT OTHER:**

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NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHONE:(mobile) \_\_\_\_\_

(work) \_\_\_\_\_ (other) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

**CHILDREN, RELATIVES, or FRIENDS living with you:**

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_



**IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?**

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

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FRIEND(name): \_\_\_\_\_

INTERNET(website): \_\_\_\_\_

**WHY ARE YOU SEEKING HELP AT THIS TIME?**

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**WHAT DO YOU HOPE TO GET OUT OF YOUR SESSIONS?**

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