



Today's date: _____

CONFIDENTIAL CLIENT PROFILE

Please PRINT the following personal information. We'll review it at our next session. All information is considered confidential, and will not be disclosed without your consent.

PERSONAL DATA		
Last name/ First name	Date of birth	Age
Street address/ City	State	Zip
Cell	Home	Work
E-mail	Marital status	SS# (if using insurance)

FAMILY HISTORY

Please list persons in your FAMILY OF ORIGIN (parental figures, brothers and sisters):

Name	Relationship	Age

Please list significant OTHERS IN YOUR LIFE today (spouse/partner, children, roommates):

Name	Relationship	Age



EMPLOYMENT/ SCHOOLING

Current/ most recent school attended	Degree/ highest grade level	Year
Current/ most recent employer	Job Title	# of years
Previous employer	Job Title	# of years

MENTAL HEALTH CONCERNS

Please note if the following issues have been current or past concerns for you:

	Current	Past	Never
Substance use by a family member			
Substance use by self			
Depression			
Eating issues			
History of trauma			
Legal problems/ financial problems			
Domestic violence/ physical abuse			
Sexual abuse			
Anxiety			
Suicidal/ homicidal thoughts			

MEDICAL/ PSYCHOLOGICAL HISTORY

Why are you seeking counseling at this particular time?

Have you ever participated in counseling before? No Yes If so, with whom?

Name of counselor/ psychiatrist	Length of time in counseling
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Name of counselor/ psychiatrist	Length of time in counseling
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Are you now taking any prescribed medications? No Yes If so, please list:

Medication	Purpose
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