

## Client Information

Please complete this questionnaire to help me plan services for you. If there are two of you coming to counseling, please complete one for each of you.  
Please answer each item.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ What you like to be called \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

May I contact you at home? Yes\_\_\_ No\_\_\_ Work? Yes\_\_\_ No\_\_\_ Cell? Yes\_\_\_ No\_\_\_

Email? Yes\_\_\_ No\_\_\_

Highest Grade/Degree \_\_\_\_\_ Type of Degree \_\_\_\_\_

Marital/Union Status \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marriage/Union Date \_\_\_\_\_ Names of children & ages \_\_\_\_\_

\_\_\_\_\_

Notify in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Who may I thank for referring you? \_\_\_\_\_

Your Signature \_\_\_\_\_

Date \_\_\_\_\_