

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Marital/Significant Partner Status: \_\_\_\_\_

Educational Background: \_\_\_\_\_ Learning Disabilities: \_\_\_\_\_

Emergency Contact: Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### **Family Information**

|                   | Name | Living? | Age | Marital Status | Educational Background/<br>Occupation | Sig. illness, Addictions | Other Sig. Issues |
|-------------------|------|---------|-----|----------------|---------------------------------------|--------------------------|-------------------|
| Father            |      |         |     |                |                                       |                          |                   |
| Mother            |      |         |     |                |                                       |                          |                   |
| Children          |      |         |     |                |                                       |                          |                   |
| Siblings          |      |         |     |                |                                       |                          |                   |
| Step Parents      |      |         |     |                |                                       |                          |                   |
| Grandparents      |      |         |     |                |                                       |                          |                   |
| Closest Friends   |      |         |     |                |                                       |                          |                   |
| Other Sig. People |      |         |     |                |                                       |                          |                   |

### **Health and Medical Information**

Are you currently being treated by a medical practitioner? \_\_\_\_Yes \_\_\_\_No

If yes, for what purpose?

Do you have any chronic medical or physical conditions? Yes\_\_\_\_ No\_\_\_\_

If yes, what are they and how do they affect you?

Please list all the prescription and non-prescription medications you are currently taking:

Have you or someone you are close to ever been concerned about your alcohol or drug use?

### **Other Information**

What is your current living situation? (eg. Living alone, with parents, roommates, partner, spouse, children, pets, etc.)

What prior experience do you have with counseling, psychotherapy or coaching? What has been helpful and what has not been helpful in the past?

Please comment on any significant life experiences you have had that have had an important effect on making you the person you are today (these could be positive or difficult and traumatic experiences).

What other information would be of value to me in creating a space in which you feel safe and can trust?

Do you have a spiritual practice? And if yes, what kind and how often?

What specifically would you like to accomplish in working with me?