

CLIENT INFORMATION - ADULT

Name: _____ Date: _____

Address: _____ Date of birth: _____

City: _____ Zip: _____

Email (for appointment reminder if you prefer and consent): _____

Phone number (best number(s) to contact you): _____

Hobbies? _____

How did you hear about me? _____

What is your issue of concern? _____

Significant medical conditions, medications, or complimentary health approaches you currently use:

If you have had previous counseling, please state when and for what reasons:

What would be your goals for counseling at this point? (please use the back for more space)

Whom may we contact in an emergency?

Name: _____ Phone: _____