**CLIENT INFORMATION**

***This information is to help me get to know you better. Please answer it to the best of your ability and comfort level.***

 **Date: \_\_\_\_\_\_\_\_\_\_**

**Name (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Numbers: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:**

**Please circle: Single Domestic Partner Married Separated Widowed**

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Phone Relationship to you**

**Current Family Constellation:**

**Cultural identity:**

**Who do you go to for emotional or practical support now?**

**Reason for seeking therapy at this time:**

**Prior Therapy? When? How long? Why?**

**Substance use: current/past?**

**Are you currently under the care of a physician? Please provide name and number:**

**Medication information: How much, how long, prescribed by whom?**

**Medical/Health related issues?**

**Other information you would like me to know as your therapist:**

**How did you hear about me? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you!***

**Jennifer**