Heartstrings Counseling PLLC Client Information Form

Client Information DATE _____

The information asked for below is to help me work with you. Please fill out this form as completely as you can. All information will be held in strict professional confidence unless otherwise directed by law.

Name _____ Date of Birth: _____ Age: _____

Address _____

Client is: __Self __Couple __Family __Minor Gender: __M __F

Marital Status: __Single __Married __Divorced __Separated __Widowed __Domestic Partnership

Home phone _____ May I contact you at this number? _____

Occupation _____ Level of Education _____Employer _____

Cell Phone: _____ May we contact you at this number? __Yes __No

Home or Alternate Phone: _____ May we contact you at this number? __Yes __No

Email address: _____ May we contact you by email? __Yes __ No

How do you prefer to be contacted first? _____

In case of emergency, who would you like me to contact? _____Relationship_____

I cannot guarantee confidentiality when you and I are communicating via cell phone, cordless phone, fax, internet or computer. These devices could compromise confidentiality. By understanding the inherent risks of the aforementioned devices, you can make an informed choice about when / where / how to use those tools.

Parent/Guardian Information (If client is under 18)

Name: _____ Relationship to Client: _____

Address: _____

Cell Phone: _____ May we contact you at this number? __Yes __No

Home or Alternate Phone: _____ May we contact you at this number? __Yes __No

Email address: _____ May we contact you by email? __Yes __ No

Referral Information

How did you learn about my counseling practice? _____May I send a thank-you note to them and mention your name?____

Have you ever worked with a Therapist and/or Coach? _____ If so, who? _____

Last seen: _____ Why? _____

Other relevant information: _____

Health Issues

Who is your Physician? _____ Contact info for physician: _____

Last seen: _____ Why? _____

Serious illnesses, injuries, or surgeries: _____

Do you have any conditions / disabilities that I need to be aware of? _____

Current health concerns: _____

Please list all medications/drugs that you are currently taking and why. Drug frequency reasone for use last used

Drug	Frequency	Reason for Use	Last Used

Have you ever tried to harm yourself? _____If so, when and how? _____

Have you ever been hospitalized for mental, chemical or emotional problems? _____ If so, when? _____

Where? _____ Additional Info: _____

Family Background

1. Please list the members of your family.

a. Father Age: Occupation: Education:

b. Mother Age: Occupation: Education:

c. Sibling Age: Occupation: Gender:

d: Other _____

2. Is your father deceased? Y or N Year?_____ Mother deceased? Y or N Year?_____

3. What is/was your parents' marital status? _____

4. In what city were you raised? _____

5. Please list all cities you have lived in: _____

6. What is your spouse's/partner's Name: _____ Age: _____

Occupation: _____ Education: _____

How long have you been together/married? _____

Deceased? Y or N Year: _____

7. Please list any children of yours.

Child Name _____ Age _____ Gender: M or F

Circle: Biological Step-child Adopted Foster

Child Name _____ Age _____ Gender: M or F

Circle: Biological Step-child Adopted Foster

Goals of Counseling

Please tell me what you want to change. _____

How has this been a problem? _____

When did this problem first appear? _____

What changes have you noticed recently? _____

How have you tried to solve this problem? _____

Why are you seeking help at this particular time? _____

How will you know when the problem is solved? _____

Change is usually difficult. In the past, what strengths and skills have you used to assist you in making changes? They will be helpful in solving this problem. _____

Tell me about your physical health, how much you exercise, what is your diet like, and how you physically feel overall.

_____

Tell me about your spiritual / religious beliefs or what you think life is about. _____

Tell me how your mind functions and what you think about. _____

What emotional support do you have? _____

Hobbies / interests: _____

Who will benefit most from solving this problem? _____

Who might be the first to notice improvement? _____

Anything else I should know: