



Client Background

Name: _____ Date: _____

Did anyone help, encourage, or refer you to Authentic Relationship Counseling: Yes No

If so, who: _____ or how did you find me: _____

Have you ever been in counseling, therapy, or other talk based treatment before: Yes No

If so, when: _____ For how long: _____

What did you work on in that process: _____

What brought that process to a close: _____

Is there anything you would like me to know about what may have been helpful, less than helpful, or disruptive to that counseling process: _____

Please list any chronic medical conditions: _____

What medications or supplements do you take regularly: _____

What recreational substances do you use, or consider yourself to be in recovery from (please specify current use or recover for each): _____

Is there anything you would like me to know about your background, upbringing, or culture:



If you have a significant other you may bring into the counseling process, or simply may want to discuss in your individual counseling sessions, please write in their name, age, place of birth, and anything you would like me to know about this person's background, upbringing, or culture: _____

Do you have any children: Yes No If so, what are their names, ages, and is there anything else you would like me to know about them: _____

Do you have any pets: Yes No If so, what are their names, ages, and is there anything else you would like me to know about them: _____

What is your current occupation: _____

Is there anything you would like me to know about your job or career: _____

Is there anything you would like me to know about your education (if you have or would like a degree, if you play any instruments, speak any other languages, or are interested in a particular area of study or current events): _____

Please briefly let me know what brought you to counseling: _____



What other goals might you want to work on in the counseling process: _____

Is there anything else you would like me to know about: _____

Contact Information

Primary number (____) _____ Secondary number: (____) _____

Personal email address: _____

Email address for Credit card processing (if different): _____

Your age: _____ Date of birth: _____ Place of birth: _____

Physical Address (including zip code): _____

Who do you live with: _____

How long have you lived at this location: _____

Where did you live before: _____

Who should I contact in case of an emergency: _____

Their phone number: (____) _____ Your relationship to this person: _____

Signature & Agreement for Services

With my signature, I attest that what I have written in this document is faithful to who I am, and I will clarify anything that needs clarification with my counselor when needed in the counseling process.

Client _____ Date _____