

# New Client Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone #'s: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Family Members/Significant Others:**

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**Presenting Problem/Issues/Goals:**

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**Previous Therapy/Counseling:**

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**History of Abuse/Trauma:**

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**History of Alcohol/Drug Abuse:**

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**Current Medications:**

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**Notes:**

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