

Client Data Form

Date: _____

Date of Birth: _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Okay to leave a message on both numbers: Yes No

Married/Divorced/Single/Widowed/Separated/Live in Partner

Children names and ages: _____ Do they live with you: Yes No

Emergency Contact Name: _____ Number: _____

Relationship: _____ Company Name: _____

Do You have a substance abuse hx? ____ Yes, ____ No if so, What: _____

Do you currently use substances: ____ yes, ____ No if so, what: _____

Have you ever done previous counseling: Yes No Diagnosis: _____

Are you currently on any medications: Yes No What: _____

Additional comments: