



Client History Form

First Name: _____ **Last Name:** _____

Addresses: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

(You will receive a text message reminder before your appointment)

What kind of counseling are you looking for?

*Individual *Couples *Children/Teen *Family

What is your relationship status?

*Single *Married *Widow *Separated/Divorced *Other: _____

Would you prefer to meet with your counselor Online or In-Person?

*Online *In-person

What language would you like your therapy sessions spoken in?

*English *Spanish

What kind of counseling would you like?

*Psychotherapy (Psychology-based) *Biblical/Christian-based counseling

If you would like Biblical counseling, what are your preferences around the spiritual component of your counseling (check all that apply):

_____ I would welcome any biblical wisdom

_____ I would be open to my counselor recommending spiritual disciplines

_____ I would be interested in my counselor incorporating prayer into our sessions

Please briefly describe the problem (s) that led you seek counseling.

Have you ever experienced similar or other mental health symptoms before? If so, what was your experience like? When did it happen? Did you get help?

Has anyone in your family ever experienced mental health or substance use issues? If so, who was it? Did they seek help or get a diagnosis? What was it like for them? What was it like for you?

Do you have any current or prior medical issues?

Are you currently prescribed any medications? If so, please list the name, dosage, how often you take it, and the prescriber for each medication.

Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed?

Who is in your family? What is your relationship with them like? Please list all individuals you consider to be a part of your family. For those who are not part of your family of origin (such as significant others)

What social activities and relationships do you engage in? What important social relationships do you have? Do you belong to any social clubs or organizations? How do you like to spend your leisure time?

What was life like as you were growing up, both at home and in school?

What else is important to know about you?