

Client information sheet

Name(s) _____

Address _____

Date of Birth _____

Contact information

Home phone _____

Cell _____

Can messages be left on voice mail?
Yes/no

Email _____

Family Information

Marital Status _____

Spouse _____

Children _____

Reason for seeking counselling
now: _____

**Today's Date:
Employment information**

Employer/Occupation _____

EAP benefits or Extended group
insurance benefits

Company _____

Health information

Is a physician or a psychiatrist currently
treating you for any mental illness or
condition?

Doctor _____

How is your general health? Medication?

Have you been for counselling before?
Yes/ No

If yes, who did you see?

I was referred to this counselling
service
by: _____

Desired outcomes for counselling:

