



## Individual Information

*To be completed by the client seeking services. Feel free to use the back if needed. You will have an opportunity to expand on your answers as necessary, as this will be used as a starting point in our first session.*

**Name:**

**Nickname:**

**Age:**

**DOB:**

**Gender:**

**Marital Status:**

**Home Number:**

**Cell Number:**

**Work Number:**

**Permission to Leave Messages on:**  
home/work/cell?

**Email Address:**

**Does anyone else have access to your email?**  
Yes  
No

**Home Address:**

*(Address)*

*(City)*

*(State)*

*(Zip)*

**Employer:**

**Occupation:**

***Emergency Contact***

**Name:**

**Relationship to you:**

**Home #:**

**Cell #:**

**Work #:**

**Living Arrangement:**

*Alone*

*With Partner*

*Children*

*Parents or other dependent adults*

**Partner's Name (if applicable):**

**Child(ren)'s Names (if applicable):**

**Education – Highest Grade Completed:**

**Have you previously received mental health services?**

Yes

No

**If yes, indicate name of professional and dates of service:**

**When was your last medical examination and what was the reason for the examination?**



**Do you drink alcohol or use recreational drugs?**

Yes

No

**If yes, please describe the nature and frequency of use:**

**Please list any medications that are currently prescribed to you and the reasons for taking such medication:**

**Prescribing Physician:**

**Do you have, or have you ever had, any medical conditions I should be aware of?**

Yes

No

**If yes, please describe:**

**What are your strengths?**

**What are the primary issues/reasons for seeking counseling at this time?**

**How long have these issues been affecting you?**

**Where are the problems observed most (home, school, work, etc...)?**

**What have you already done to deal with the difficulties?**

**What do you hope to accomplish in counseling?**

**Is there anything else you want me to know at this time?**



*Interactions between client and counselor are confidential. Unless I have permission from you, what we talk about will be private; I will not discuss it with anyone else aside from my supervisor. Our discussion will be private and confidential, even if you don't mind someone else knowing about anything that we talk about.*

*There are four major exceptions to confidentiality that Colorado law requires all mental health professionals to report when there exists:*

- 1. Incidence(s) of child or elder abuse or neglect***
- 2. Intent to commit suicide***
- 3. Threats to do harm to yourself or another person***
- 4. Court order***

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_