

Confidential Client Information

Date: _____

Name: _____

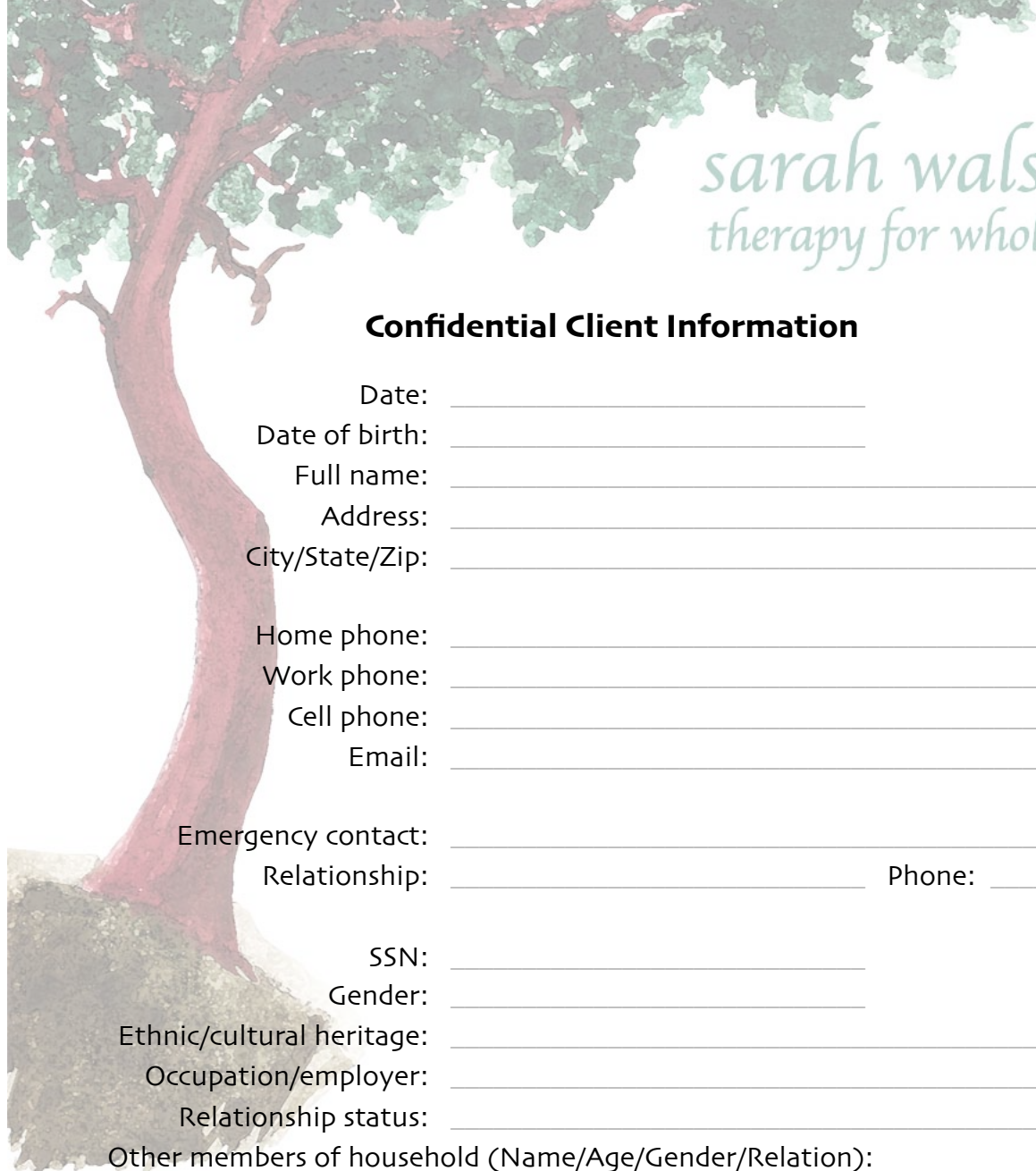
What brings you to therapy at this point in time?

What are your goals for therapy? (i.e.: What do you hope will be different as a result?)

What strengths do you bring with you that will assist you in working with these issues?

Describe your resources and support system (relationships, organizations, practices, beliefs, etc.).

Anything else you want me to know or want to make sure we address?



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Confidential Client Information

Date: _____

Date of birth: _____

Full name: _____

Address: _____

City/State/Zip: _____

OK to contact? _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Emergency contact: _____

Relationship: _____ Phone: _____

SSN: _____

Gender: _____

Ethnic/cultural heritage: _____

Occupation/employer: _____

Relationship status: _____

Other members of household (Name/Age/Gender/Relation):

Prior therapy experience? _____ Was it helpful? _____

Issues addressed: _____

Previous therapist names: _____

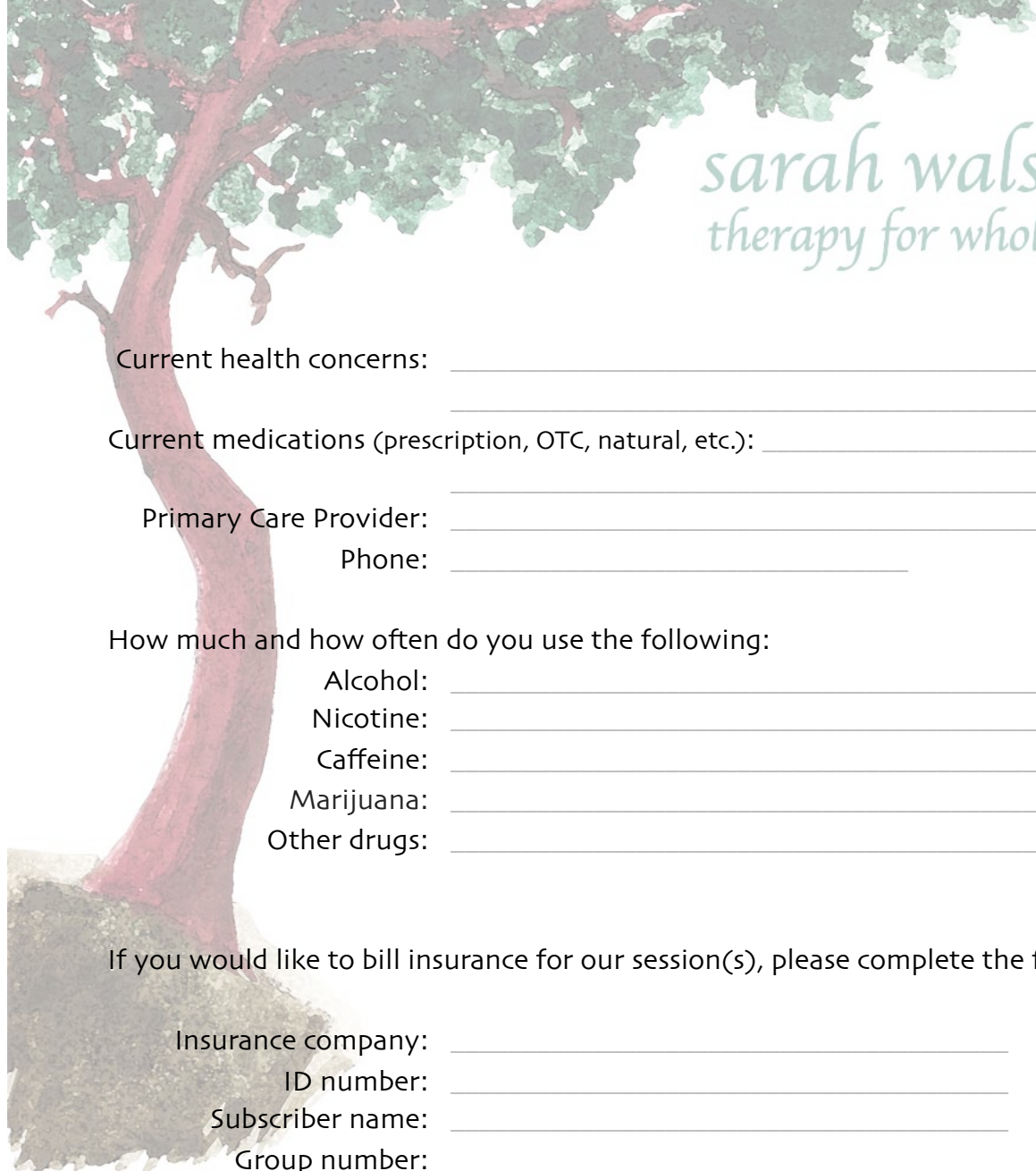
Have you been diagnosed with a mental health condition(s) before? _____

If so, list here: _____

Your response to this diagnosis: _____

Family history of mental illness: _____

Themes of trauma(s) in your history: _____



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Current health concerns: _____

Current medications (prescription, OTC, natural, etc.): _____

Primary Care Provider: _____
Phone: _____

How much and how often do you use the following:

- Alcohol: _____
- Nicotine: _____
- Caffeine: _____
- Marijuana: _____
- Other drugs: _____

If you would like to bill insurance for our session(s), please complete the following:

- Insurance company: _____
- ID number: _____
- Subscriber name: _____
- Group number: _____
- Subscriber birthdate: _____
- Subscriber SSN: _____
- Subscriber employer: _____
- Relation to client: _____
- Copayment amount: _____
- Coinsurance amount: _____

How you heard about me: _____

Any additional important information: