**Client Initial Questionnaire**

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| Name: |  |

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| --- | --- |
| Age: |  |

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| --- | --- | --- | --- |
| Phone: | (work)  | (home) | (cell) |

|  |  |
| --- | --- |
| E-mail: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| City: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| State: |  | Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Occupation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How long have you worked there? |  | How long in this occupation? |  |

|  |  |
| --- | --- |
| Education (highest level attained): |  |

How would you prefer to be contacted if I have to reach you in an emergency?

(work phone) yes \_\_\_ no \_\_\_ (home phone) yes \_\_\_ no \_\_\_

(cell phone) yes \_\_\_ no \_\_\_ (e-mail) yes \_\_\_ no \_\_\_

List any major health problems:

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List any medications you are taking and for what purpose:

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Describe the issue you'd like to work with me on:

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Have you seen a coach (yes \_\_\_ no \_\_\_) or therapist (yes \_\_\_ no \_\_\_) for help with your current issue?

If yes, give a brief description of the treatment or help you received:

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| --- | --- |
| How were you referred to my practice? |  |

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| --- | --- |
| Whom may I thank for referring you? |  |