

Client Initial Questionnaire

Name:

Age:

Phone:

(work)	(home)	(cell)
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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:

List any medications you are taking and for what purpose:

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

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:

How were you referred to my practice?

Whom may I thank for referring you?