



MEANINGFUL SOLUTIONS
COUNSELING AND CONSULTING

NEW CLIENT INFORMATION SHEET

A. Identification

Today's date: _____

Your name: _____ Date of birth: _____ Age: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/cell phone: _____ Permission to leave voicemail? _____

E-mail: _____ Last 4 digits of Social _____

* By including your email address, you are granting permission that I communicate logistics and send forms by email, as needed. Please note that email is not a secure form of communication.

Calls or e-mail will be discreet, but please indicate any restrictions: _____

B. Referral: How did you learn about my services? Did someone give you my name?

Name or resource: _____

May I have your permission to thank this person for the referral? Yes No

Best Phone Contact _____ Approval to leave voicemail? _____

Person in case of an emergency that I'm authorized to contact (name, relationship and number)

C. Personal Identity 1. Ethnicity/national origin: _____ Race: _____

2. **Gender:** _____ 3. **Spiritual or religious denomination/affiliation** (if any): _____

How active are you? None Some Active

How important is your faith or spirituality in your life? _____

4. Other way you identify yourself and consider important:

D. Your current employer: _____

E. Your education and training: What level of education have you completed? _____

Please indicate degree completed (degree if relevant) or if you ended school early: _____

Any special education classes or learning differences? _____

Any adjustment issues or difficulties in school? _____

F. Family-of-origin and Chosen Family History:

Relative	Name	Current age	Illnesses	Mental Health Issues	Education & Occupation	Other important information?
Mother						
Father						

G. What is the primary reason you are seeking counseling now? _____

Have you ever had any thoughts of harming yourself or another person? _____
 If so, when? _____

Please circle or underline any of the following areas of concern, either past or present:

Alcohol/Drug Abuse	Anxiety	Self-worth/Self-esteem	Sadness/Depression
Hopelessness	Isolation	Attention/Focus	Marital/Relationship Problems
Anger Management	Impulse control	Parenting concerns	Trauma
Paranoia	Grief	Irritability	Isolation
Loneliness	Sexuality	Sexual abuse	Work stress
Communication	Work Stress	Self-harming	Suicidal thoughts

When did you first notice the issue/problem that brings you to counseling? (Please provide a date) _____
 Have you ever been hospitalized for this issue? If so, when _____

H. Current medications: _____ **Dosage:** _____ **Taken for:** _____ **Taken Since:** _____

I. Significant medical history: _____

Have you ever been in counseling before? If so, when and for how long?

What was your reason for discontinuing counseling? What seemed to work for you in that experience and what did not work for you?

What do you hope to accomplish by coming to counseling?

Any other information you think I should know before we begin our work?
