# CLIENT INFORMATION SHEET

Full Name:______________________________________________________________________
Phone: ________________________________________________________________________
Email: ____________________________________________________________ Age: _____
Religious Preference:______________________________

Marital History: Never married _____

1st marriage: Date(s)__________ Spouse______________ Children______________________________

2nd marriage: Date(s)__________ Spouse______________ Children______________________________

Who has custody of your minor children?_______________________

Have you ever considered suicide?________ Attempted?__________

Do you suffer from: Migraines______ Epilepsy______ Seizures______ Vertigo______

Circle any of the following which are currently causing you difficulty:

| | | | |
|---|---|---|---|
| Anger | Health | Career choices | Parenting |
| My past | Dating | Self-concept | Food |
| Anxiety | Sexual problem | Marriage | Religion |
| Nightmares | Panic attacks | Concentration | Finances |
| Phobia | Grief | Work | Headaches |
| Assertiveness | Suicidal thoughts | Energy | Abuse |
| Addiction | Parents | Sleep trouble | Violence |
| Divorce | Hearing voices | Guilt | Sadness |
| Self-Control | Depression | Step-family | In-laws |
| Cutting | Obsessiveness | Legal issues | Hopelessness |

What is your birth order? (i.e. oldest, youngest, of how many, etc.)
_____________________________________________________________________________________

How will you be different if this work is successful?
_____________________________________________________________________________________
_____________________________________________________________________________________

Statement Of Confidentiality
The Client-Practitioner relationship offers confidentiality in so far as allowed by the laws of the State of Colorado. Under certain conditions, the right to confidentiality is necessarily violated. Those conditions include the potential for suicide or homicide on the part of the client. Likewise, when there is reason to suspect that physical or sexual abuse has occurred to a child or an elderly person, the practitioner is required by law to report the situation to the Department of Human Services, division of Child Protective Services.

Thank you for completing this questionnaire.

_____________________________________________________ ___________________

Your Signature Date