## CLIENT INFORMATION FORM


**Please complete the following information:**

Date_____

Name: (person being seen for counseling)

_____

Date of Birth: _____

Name of parent or guardian (if client is minor) _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ May I leave a message here? _____

Date of Birth: _____ Current Age: ____ Sex: ___M ___F

Social Security Number: _____

Employer: _____

Name/number of person to contact in case of emergency: _____

Have you informed your EAP/insurance company that you are beginning counseling/therapy? _____

If so, do you have an authorization number? _____

Name of insurance company _____

Do you have secondary insurance? _____ If so, name and number of company _____

**Please complete the following for the person being seen for counseling:**

Have you had previous counseling/therapy? _____

If yes, please describe your experience, the length of your involvement, and how you felt about the experience:

_____
_____
_____
_____

Briefly describe why you want counseling/therapy: _____
_____
_____
_____
_____

_____ Are you ____ Single _____Married _____Partnered _____Divorced

If you have any children, please give their names & ages:

_____ ____, _____ ____, _____ ____,

_____ ____, _____ ____, _____ ____,

**(OVER)**

Who is your primary care physician: _____ Phone #: _____

Are you currently under the care of a medical specialist for a life-altering illness? _____

If so, what are you being treated for? _____

Are you currently taking any medications? _____

If so, please list them along with the dosage and what they are treating

| Medication | Dosage | Treating |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please describe your use of alcohol or drugs, amounts and frequency: _____

Have you been treated for chemical dependency? _____

Have you had a psychiatric hospitalization? _____

If so, please describe: _____

Please list any family history of chemical dependency or mental health concerns:_____

Is there anything else you think would be helpful for me to know? _____

Please share how you found out about Yara Counseling Group: _____