

**NW Creative Counseling
2027 SE Jefferson Street Suite 205 C
Milwaukee, OR 97222**

Confidential Client Information Form (please print and bring to your first session)

Contact Information

Date:

Name:

Street Address:

City/State/Zip:

D.O.B./place:

Home phone: _____ OK to call? Y N OK to leave message? Y N

Cell phone: _____ OK to call? Y N OK to leave message? Y N

Work phone: _____ OK to call? Y N OK to leave message? Y N

Email: _____ OK to leave message? Y N

Please provide a name and phone number of whom to call in case of an emergency:

Demographic Information

Sex:

Gender:

Preferred Gender Pronoun(s)

Sexual Orientation(s)

Ethnicity:

Disability Status:

Partner(s)/relationship status:

Referral information

Who referred you to me, or how did you hear of my practice?

**NW Creative Counseling
2027 SE Jefferson Street Suite 205 C
Milwaukee, OR 97222**

Current reason(s) for seeking therapy:

Please estimate the severity of the problem for which you are seeking care:

(Circle one) Mild Moderate Severe Very Severe

Health Information

Have you ever been hospitalized? (If yes, please explain):

Are you currently taking any medications? (Please list names and prescribing doctor)

Have you previously been in psychotherapy? When, and for what issues?

Was any previous therapy helpful? What or why not?

Do you have any prior suicide attempts, self-harming behaviors, or violent behaviors? (Please indicate age, circumstance, and whether this led to hospitalization or legal concerns).

Please list any past or present drug and alcohol use. What have you used and how much? What are you currently using and how much? Has your work or your relationships ever been effected?

**NW Creative Counseling
2027 SE Jefferson Street Suite 205 C
Milwaukee, OR 97222**

Relationships

Do you live with others? What is their relationship to you?

Present spouse/partner(s) first name(s) and occupation(s). How would you describe your relationship satisfaction?

Are there any other current relationships that are significant in your life right now? Please describe:

Additional Information

What are your main worries or fears?

What do you consider to be your greatest strengths?

What are your primary challenges right now?

Please add any information you think may be useful in our work together.

**NW Creative Counseling
2027 SE Jefferson Street Suite 205 C
Milwaukee, OR 97222**