



Dominick Robertson
COUNSELOR

Client Information Form

NAME:		DATE OF BIRTH:	
HEIGHT:		WEIGHT:	
ADDRESS:			
PHONE:		LEAVE MESSAGE?	
PHONE (ALT):		LEAVE MESSAGE?	
EMAIL:			
OCCUPATION:			
EMERGENCY CONTACT:			
Where did you hear about me?			
What brings you to counseling, and what do you hope for?			
Medical			
Any current medical issues?			
Current medications?			
Current Doctor?			
Most recent physical exam?			
Psychological			
Previous counseling? (if so, please note when, what for, and outcomes)			



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Family/Living Situation

Currently in relationship?

Status of relationship?

Children?

Are your parents living?

Any brothers/sisters?

Environmental/History

Current alcohol/drug use?

Past alcohol/drug problems?

Any current financial problems?

Any current legal problems?

Any current sexual problems?

Any history of abuse (physical, emotional, sexual)?

Any other information you think might be relevant?