



Susan J. Barnett, LCSW
Confidential Client Information – Client # 2

Personal Information:

Today's Date: _____

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Highest Level of Education: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

But prefer you contact me at: _____ or Email Address: _____

Birth Date: _____ Age: _____ Sex: Male _____ Female _____

Marital Status: Single _____ Married _____ Partnered _____ Divorced _____ Separated _____ Engaged _____

How long: _____ If Married/Partnered, Spouse/Partner's Name: _____

Is your Spouse/Partner supportive of you seeking counseling? _____

Do you have children? _____ Ages: _____

In case of Emergency please notify: _____

Medical History:

Are you currently under medical care? _____ If yes, please indicate reason _____

Physician's Name: _____ Phone: _____

Do you (or spouse if marriage counseling) take any prescription medications? _____ If yes, what are they? _____

Other significant medical history: _____

Counseling History:

Have you previously seen a Counselor/Therapist/Psychologist/Psychiatrist? _____

Name/Date/Location: _____

When was your last appointment with any of the above? _____

Have you ever attempted suicide? _____ Have any family members attempted suicide? _____

In your own words, write why you are seeking counseling: _____

How long have these concerns been causing you distress? _____

By whom were you referred to this counseling center? _____

How do you hope counseling will help? _____

Is there anything else you feel that is important for the counselor to know: _____