

Client Information Questionnaire

Your cooperation in completing this questionnaire will be helpful in the planning services and maintaining communication throughout the therapy process. Please answer each item carefully. Feel free to ask for any clarification needed. When finished you can use the information at the bottom to either scan and email or fax this document back to us.

Full Name _____ Date _____

Address _____

_____ e-mail: _____

Telephone number(s): Home (____) _____ Work (____) _____ Mobile (____) _____

Age ____ Male Female May your therapist leave messages or voice mail for you? Y / N _____

Marital Status (check one):

Single Married Separated Divorced Remarried Widowed Other

Occupation: His _____ Hers _____

Gross annual income: His _____ Hers _____

Check highest level of education:

Grade school Middle school High School Some college
 Bachelor's degree Master's degree Advanced degree (Ph.D., M.D., etc.)

Religious preference : His _____ Hers _____

Where do you attend? _____

Briefly describe your reason(s) for seeking help: _____

Who suggested you contact me?

Friend Physician (name) _____ Other _____
 Website: _____ Minister (name) _____

Are you currently in therapy elsewhere? YES NO

If so, with whom? _____

Have you ever consulted a professional counselor? YES NO

If yes, Name _____ When? _____

Address _____

Who is your physician? _____

Are you presently taking any medication? YES NO

If yes, please list _____

Do I have permission to contact your physician in order to coordinate services? YES NO

List any health problems for which you currently receive treatment: _____

Have you ever considered suicide? YES NO

Have you ever attempted suicide? YES NO If so, when? _____

Initials: _____

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

- | | | | | | |
|---------------|-------------------|----------------|------------------|--------------|-----------------|
| Assertiveness | Health problems | Career choices | Stomach problems | Parenting | Alcohol use |
| Legal matters | Self-concept | Bowels | Sexual Problems | Marriage | Religion |
| Nightmares | Loneliness | Concentration | Separation | Bed-wetting | Ulcers |
| My thoughts | Suicidal thoughts | Nervousness | Energy | Sleep | Decision making |
| Children | Parents | Insomnia | Education | Divorce | Relaxation |
| Ambition | Asthma | Temper | Depression | Shyness | Stress |
| Inferiority | Friends | Dating | Memory | Drug use | Headaches |
| Tiredness | Finances | Appetite | School | Unhappiness | Fears |
| Work | Confusion | Premarital | Food | Self-control | Sadness |
| In-laws | My past | Guilt | Allergies | Abuse | |

Now, put a star * beside the **TWO** circled items that are causing you the **MOST** difficulty.

If never married, check box and skip this section: Never married

Please give your marital history:

1st marriage: Date began _____ Ended? _____ Name of spouse _____

Children and ages _____

2nd marriage: Date began _____ Ended? _____ Name of spouse _____

Children and ages _____

3rd marriage: Date began _____ Ended? _____ Name of spouse _____

Children and ages _____

4th marriage: Date began _____ Ended? _____ Name of spouse _____

Children and ages _____

List the members of your family and all others living in your home:

<u>Name(s)</u>	<u>Age/Birth Date</u>	<u>Relationship</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any additional information which you feel may be useful to your therapy _____

By signing, I acknowledge my receipt of disclosure statement and indicate that I have reviewed the information provided concerning confidentiality and legal exceptions to confidentiality, fees, responsibilities for payment, and credentials of my therapist, Jayson Graves, Healing for the Soul/The SoulHealer Foundation.

Client/s Signature/s

Thank you...please either **scan & email** to info@healingforthesoul.org or **fax** to **303-997-1441**