

## CLIENT INFORMATION FORM

Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Who referred you to counselling? \_\_\_\_\_

What is the date of your first appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you attended counselling in the past? When? Who was the practitioner?

\_\_\_\_\_

Why are you seeking counselling (presenting problem, why now, symptoms, difficulties etc.)?  
(please use back of the page for extra space)

\_\_\_\_\_

\_\_\_\_\_

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