NEW CLIENT QUESTIONNAIRE

Welcome to think Counseling Services! Thank you for taking a few minutes to fill out this form. The information you provide is confidential, and will be helpful for you and your counselor when you meet for the first time.

Please print form, fill out and bring to intake appointment.

Today's Date_____

Name _____

Age _____ Date of Birth _____/_____/____

Address

_____

_____

SSN _____

Phone _____

Email (please print clearly) _____

Ethnicity_____

Where did you grow up? _____

Highest Level of Education

_____

Occupation _____

Emergency contact person (name, relationship, phone, address).

_____

_____

Please describe your current living arrangement (Do you live with others?)

_____

_____

Have you participated in any therapy before? Y___N___ If yes, when? _____

Reason _____