



# Seattle MIND Counseling

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## Client Information Form

Today's date: \_\_\_\_\_

### First client

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Second client

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### Referral *(how did you find out about me?)*

Name: \_\_\_\_\_  
Additional info: \_\_\_\_\_

### Family

Marital status: \_\_\_\_\_  
Children (names, ages, genders): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Chief concern

Why did you decide to come to therapy?

What do you hope to achieve or gain through therapy?

### Previous Treatment

Have you ever been to therapy before? When and for how long?

Have you ever taken medication for psychological or emotional issues?

If yes, please indicate which medication, for how long, and when you took it. *Please give your best estimate, best effort at remembering names, etc. It isn't so important to list medications discontinued more than three months ago.*