

Diane K. Lindgren, MA, LPC-S, NCC

Frisco Professional Counseling, PLLC

2340 E. Trinity Mills Rd. Suite 300

Carrollton, TX 75006

CLIENT INFORMATION SHEET

Date: _____ Phone (Home): _____ Phone(Work): _____

Phone (Cell): _____ E-Mail _____ Fax: _____

Client Name: _____ DOB: _____ Sex: _____

Address: _____ Marital Status: _____

City, State, Zip: _____ SS#: _____

Employer/School: _____ Occupation: _____

Address: _____ City, State, Zip: _____

List below those who live in the same household:

Name:	Relationship:	DOB:
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Primary Insurance Company: _____

Address: _____ City, state, Zip: _____

Subscriber Name: _____ DOB: _____

Employer: _____ Phone (Work): _____

Employment Status: _____ Relationship to Client: _____

Policy Number: _____ Group Number: _____

Referred by: _____

Client's Signature (or Guardian's) _____ Date _____

Is there any history of abuse in your life? Yes _____ No _____

If yes, was it: verbal _____ emotional _____ physical _____ sexual _____

Comments _____

List any psychiatric medications you are now taking: _____

List any health problems that for which you are now receiving treatment: _____

Estimated date of last exam/medical physical: _____

Check any of the following that are problematic to you at this time:

- Anxiety Alcohol Use Depression Self Esteem Sexual Issues
- Religious Doubts Grief Pornography Fears
- Substance Abuse Loss of Meaning Medical Loneliness Stress
- Anger Child Raising Finances Addiction Infertility
- Relationships Past Regrets

What problem or issue would you like to talk about in counseling?

What do you hope to resolve and/or accomplish by coming to counseling? _____

Other Comments:

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Client History Form:

Client's Name: _____

Today's Date: _____

Home Phone: _____ Leave Message? _____

Work Phone: _____ Leave Message? _____

Cell Phone: _____ Leave Message? _____

Where would you prefer to be called? _____

Occupation and Where: _____

Religious Faith: _____

Is your religious faith something you would like to talk about? _____

Relationship Status: (Married, Single, Dating, etc.) _____

Present Partner: _____ Age: _____

Comments about partner: _____

<u>Children's Names</u>	<u>Gender</u>	<u>Age</u>	<u>Comments</u>
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Family History:

Relationship with parents as a child: _____

Relationship with parents now: _____

Relationship with siblings now: _____
