



Client Information Sheet

Date _____

Legal Name _____ Age _____

Preferred Name _____ Which pronoun(s) do you use? _____

Address _____

City _____ State _____ Zip Code _____

Email address: _____ (*used sparingly, not added to any lists.)

Phone Number(s) _____

(cell) message ok? __ y __ n (home) message ok? __ y __ n (work) message ok? __ y __ n

Date of Birth ____ / ____ / ____ Race/Ethnicity _____

Occupation _____ Employer _____

Years of school completed _____ Currently in school? _____ If yes, where? _____

Intimate Relationship Status _____

Do you have any children? _____ n _____ y

Emergency Contacts

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Who are the members of your household?		
Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Medications _____

Last Hospitalization (Date and reason) _____

Major Health Problems _____

Reason(s) for seeking counseling _____

How did you hear about LionTree Counseling? _____