

New Client Information Form Questionnaire

(Please print, fill out and bring to the first session)

Client Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Address: _____ Apt. # _____

City: _____ State: _____ Zip code: _____

Marital Status: Single Married Widowed Divorced

Religion/Spiritual Beliefs: _____

Employment Status: Full-time Part-time Unemployed Retired
 Homemaker Other: _____

If minor (under age 18):

Mother's Name: _____ Father's Name: _____

Name(s) of all legal guardian(s): _____

Client lives with: Both parents Mother Father Other: _____

Emergency Contact: Name: _____ Phone: _____

Relationship: _____

Name of Primary Physician: _____

Please identify the number(s) where we may contact you/leave a message:

Home Phone: (_____)_____-_____ Yes No

Work Phone: (_____)_____-_____ Yes No

Cell Phone: (_____)_____-_____ Yes No

Please identify your referred telephone number for appointment reminders:

Home Phone Cell Phone No reminder

Referral: Who gave you my name to call, or where did you find out about my practice?

May I have permission to thank this person for the referral? Yes No

Why did you decided to make an appointment? What would you like to gain/expect from our sessions? What is your personal goal?

Do you have any previous experiences with stress management; relaxation/meditation and which technique; when was the last time that you practiced the exercises?

Anything you think is important to share with me?

Client Signature

Date