

EMPLOYMENT INFORMATION:

Current occupation: _____

Name of current employer: _____

Length of employment in current position: _____

HEALTH INFORMATION:

Present Health Concerns: _____

—
—

Medications: YES NO (circle one)

If yes, please list meds and give reason:

—
—
—

Previous Counseling: YES NO (circle one)

If yes, please list dates and give reason:

—
—
—

EMERGENCY CONTACT:

Name: _____

Relationship to you: _____

Phone Number: _____

REFERRAL SOURCE

How did you hear about Inner Nourish Counseling? (please check one)

- Google Search
- Psychology Today
- Good Therapy
- SonderMind Counseling website
- Referred by friend/family
- Other _____

ATTENTION PARENTS: For clients under 18 years old, please fill out the following information:

Parent(s) Name(s): _____

Type of Custody: ____N/A ____joint ____sole ____residential ____no custody

Custody Information:

(name)

(name)

(street)

(street)

(city, state, zip)

(city, state, zip)

(phone)

(phone)