

Soulful Success Counseling

New Client Questionnaire

Please take the time to fill out this form with information that will be helpful for you and your therapist when you meet for the first time. The information you provide is confidential. If you have any questions, feel free to ask!

Client Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Occupation: _____

Date of Birth: _____ Social Security No.: _____ Marital Status: _____

Gender Identity: _____ Sexual Identity: _____ Ethnicity: _____

Emergency Contact: _____ Relationship: _____

Have you participated in therapy before? YES NO Are you currently seeing a psychiatrist or being treated for any mental illness? YES NO

Have you or a family member ever been hospitalized for mental or emotional illness? YES NO Referral Source? _____

Do you or a family member have history of substance abuse? YES NO

What type of services are you seeking?

- Individual Therapy
- Marriage Therapy
- Family Therapy
- Group Therapy

What is your primary reason for choosing therapy at this time? _____

Crisis Information

Are you having any current suicidal thoughts, feelings, or actions?

Yes _____ No _____

Any current homicidal or violent thoughts, feelings, or anger-control problems?

Yes _____ No _____

Any issues, hospitalizations, or imprisonments for suicidal or assault behavior?

Yes No

If yes, explain: _____

Any current threats of significant loss or harm (illness, divorce, custody, job loss etc.)?

Yes No

If yes, explain: _____

Signature

Our Privacy Commitment to You: Your privacy is protected by law, but we are also very concerned that you feel safe in sharing your information in the counseling office. Only people who have the legal right and need may see your information. Unless you give us permission in writing we will only disclose your information for purposes of treatment, payment, business operations, or when we are required by law to do so.

Signature: _____

Date: _____