CAPACITY BUILDING INTERNATIONAL LIMITED

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NEW CLIENT INFORMATION FORM

Please provide the following information and answer the questions below.

Client Information

Date: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Best time to call?_____

Is it okay to leave messages at these numbers? □ Yes □ No If no, please list which number

it is okay to leave a message_____

E-Mail Address:

_____

Address:

_____

_____

_____

_____

_____

How long have you been living at this address? _____

Occupation: _____

Date of Birth: _____

Marital Status:

□ Never Married □ Married □ Domestic Partnership □ Divorced □ Widowed

For appointment scheduling, what are the best:

Times of day:_____

Days of the week:_____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Please list the names and relationships of the most important person(s) in your life:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have pets? □ Yes □ No

If yes, please list: _____

Education: _____

How would you rate your overall physical health?

□ Excellent □ Great □ Good □ Fair □ Poor

Do you have any sleep problems? □ Yes □ No

If yes, please describe:_____

_____

_____

_____

Are you dealing with any past or current addictions? □ Yes □ No

If yes, please describe: _____

_____

_____

_____

Have you had any issues with Depression, Anxiety, or ADD/ADHD (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)? □ Yes □ No

If yes, please describe: _____

_____

_____

_____

Are you currently seeing a therapist? □ Yes □ No

If yes, please describe what issues your addressing in therapy:

_____

_____

_____

Are you currently taking any medications? □ Yes □ No If yes, please list:

_____

_____

Do you exercise regularly? □ Yes □ No

If yes, please describe what you do and how often:

_____

_____

How often do you watch television?

_____

What are your favorite hobbies and sports?

_____

_____

What do you do for fun?

_____

_____

What is your spiritual orientation?

_____

_____

_____

When you treat yourself, what are things you like to do?

_____

_____

_____

_____

_____

_____

What is your idea of a perfect vacation?

_____

_____

_____

_____

_____

_____

How did you hear about the practice?

_____

_____

_____

_____

_____

_____