



email: support@timberwoodcounseling.com | ph. 281.455.4670

CLIENT INFORMATION

Client Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

SSN _____ Email _____

Highest Level of Education or Degree obtained:

Current Employment Status: _____ Occupation _____

Employer / School _____

Marital Status: Single Married Divorced Widow(er) Separated Remarried

Please list any children or significant individuals in your life :

Who currently resides in your home?

Please list any medical conditions and supplements or medications you are CURRENTLY taking :



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Have you ever had thoughts or attempts of self-harm? Yes No

If yes, how long ago _____

Have you ever been treated or hospitalized for attempts at self-harm? Yes No

Have you ever seen a mental health professional (psychologist, psychiatrist, marriage and family therapist, social worker or counselor) before? If so please briefly list the reasons:

What are your current concerns or issues that are bringing you into coaching/counseling at this time?

How long has this issue been a concern? _____

Please list any significant / stressful / traumatic events that have taken place throughout your entire past:



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Please indicate any religious affiliation _____

Would you like to have your religious beliefs brought into your coaching/counseling sessions? Yes No

What do you hope to accomplish or gain from coaching/counseling?

Client Signature _____ Date _____