



STOWELL & ASSOCIATES

Creative Solutions for Work, Life, and Business

CLIENT INFORMATION SHEET

Today's Date: _____

Name: _____

Date of Birth: _____

Age: _____ Sex: _____

Relationship Status: (married, single, partnered, divorced, widowed, etc.) _____

Referral Source: _____

CONTACT INFORMATION:

Address: _____

Home Telephone: _____ Cellular Telephone: _____

Where can messages be left for you? _____

Preferred E-mail Address: _____

Is the client the only one with access to this address? _____

EMERGENCY CONTACTS:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

EXPERIENCE WITH COUNSELING:

Have you received career counseling in the past? YES NO

If yes, describe: _____

Have you ever engaged in any other type of counseling (personal, marriage, etc.)? YES NO

If yes, please describe:

Have you suffered a loss in the last two years? YES NO

If yes, please describe:

Has there been any significant change in your life in the past six months to a year? YES NO

If yes, please describe:

FAMILY HISTORY:

Name:	Relationship:	Age:	Occupation:	Living (Y/N)
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EDUCATIONAL HISTORY:

School

Degree

Field

YOG

High School Education: _____

College/Trade School: _____

Graduate Education: _____

Other: _____

EMPLOYMENT HISTORY:

Most Recent Employer: _____

Position: _____

Salary: _____ Length of Employment: _____

RECREATIONAL INFORMATION:

What do you enjoy doing in your spare time (hobbies, interests, etc.)?

ADDITIONAL INFORMATION:

What is your religious/spiritual affiliation? _____

What is your political affiliation, if any? _____

What are your goals for our work together?

If you had to pick three questions for us to answer in our work together, what would they be?

Is there anything else that you feel that I should know about you?