



### NEW CLIENT QUESTIONNAIRE

Welcome to Thrive! Thank you for taking a few minutes to fill out this form. The information you provide is confidential, and will be helpful for you and your counselor / life coach when you meet for the first time. If you have any questions, just ask!

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_  
street city state zip

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Where did you grow up? \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_ SSN \_\_\_\_\_

What is your religious background / involvement \_\_\_\_\_

Emergency contact person (name, relationship, phone, address). \_\_\_\_\_

Closest Relationships (please list name, birth date, relationship, and whether they live with you)

Name	Birth Date	Relationship	Living with you?
_____	_____	_____	_____
_____	_____	_____	_____

Please describe your current living arrangement (Do you live with others?)

\_\_\_\_\_

Have you participated in any therapy before? Y \_\_\_ N \_\_\_ If yes, when? \_\_\_\_\_ Reason \_\_\_\_\_

Are you, currently seeing a psychiatrist, therapist, or helper? Y \_\_\_ N \_\_\_

Have you or a family member ever been hospitalized for mental or emotional illness? Y \_\_\_ N \_\_\_

If yes, please explain—dates, where, reason: \_\_\_\_\_

Substance abuse / addiction history? No \_\_\_\_\_ Yes (please explain) \_\_\_\_\_

Legal History (arrests, prison, DWI, parking tickets?) \_\_\_\_\_



**Medical Information:** Doctor's name and phone \_\_\_\_\_

May we send your doctor a short note, letting him / her know you've come to see us? (we do not release details other than your name, for referral purposes) Y\_\_\_ N\_\_\_

Are you on any medications? Y\_\_\_ N\_\_\_ If so, what and why? \_\_\_\_\_

**How can we help?** Please tell us in your own words what brings you here today \_\_\_\_\_

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What are your 2 most important goals for therapy?

1. \_\_\_\_\_

2. \_\_\_\_\_

Common problem/symptom checklist. Fill in: 0 - none, 1 - mild, 2 - moderate, 3 - severe.

___marriage	___divorce/separation	___alcohol/drugs	___God/faith
___pre-marital	___child custody	___other addictions	___church/ministry
___being single	___disabled	___grief/loss	___past hurts
___sexual issues	___work/career	___depression	___codependency
___family	___school/learning	___fear/anxiety	___intimacy
___children	___money/budgeting	___anger control	___communication
___parents	___aging/dependency	___loneliness	___self-esteem
___in-laws	___weight control	___mood swings	___stress control

**Family Information:**

Marital Status (check any that apply): Single \_\_\_ Dating \_\_\_ Committed relationship \_\_\_ Engaged \_\_\_

Married \_\_\_ (how long? \_\_\_\_\_) Separated \_\_\_ (how long? \_\_\_\_\_) Divorced \_\_\_ (how long? \_\_\_\_\_)



Spouse's Name (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

I would describe my friendships as: Close \_\_\_ Somewhat close \_\_\_ Distant \_\_\_ Conflicted \_\_\_

I would describe my relationship with my mother as: Close \_\_\_ Somewhat close \_\_\_ Distant \_\_\_ Conflicted \_\_\_

I would describe my relationship with my father as: Close \_\_\_ Somewhat close \_\_\_ Distant \_\_\_ Conflicted \_\_\_

How many siblings do you have? \_\_\_\_\_ How would you describe your relationship? \_\_\_\_\_

**Crisis Information:** Are you having any current suicidal thoughts, feelings or actions? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any current homicidal or violent thoughts or feelings, or anger-control problems? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any issues, hospitalizations, or imprisonments for suicidal or assault behavior? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, describe \_\_\_\_\_

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

If yes, describe \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**THANK YOU** for taking the time to fill out this information sheet. This will be reviewed with you during your first counseling / life coaching session.

PLEASE SEE NEXT FORM →