



a solution-focused & faith-based practice

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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: _____

Street Address: _____

City State Zip:

How long have you been living at this address? _____

Occupation: _____

Date of Birth: _____

For appointment scheduling, what are the best:

Times of day: _____

Days of the week: _____

Marital Status:

Never Married *Married* *Domestic Partnership* *Divorced* *Widowed*

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Please list the names and relationships of the five most important people 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 you are addressing in therapy:

Are you currently taking any medications? Yes No

If yes, please list:

Are you usually: Early On Time Running Late

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 me?
