



### Client Information Form

*This first section of information is used for client tracking purposes only.  
No client will be denied counseling services on the basis of gender, race,  
age, color, national or ethnic origin, disability or marital status.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M/F \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Classification: \_\_\_\_\_

*Classification options: (C)ommunity, (S)tudent, (E)mployee, (EF)mployee-family (M)arried, (D)ivorced, (S)ingle, (NM)  
Single-parent never married*

Address:

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Phone Number: \_\_\_\_\_

Briefly explain why you are seeking counseling:

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When did it start? \_\_\_\_\_

What made you decide to seek help now?

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What have you tried in the past to address the issue?

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What do you feel is keeping the issue from being solved?

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