

Sandra E. Hennies

Licensed Marriage & Family Therapist · Columbia, South Carolina

CLIENT INFORMATION FORM

Please print legibly

PERSONAL INFORMATION

NAME _____ DATE _____

DATE OF BIRTH _____ EMAIL _____

PHONE — HOME _____ WORK _____ CELL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMERGENCY CONTACT / RELATIONSHIP / PHONE # _____

AREAS OF CONCERN

Please check any that apply:

- | | |
|---|---|
| <input type="checkbox"/> Prolonged Sadness or Grief | <input type="checkbox"/> Balancing Personal/Work Life |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Stress / Anxiety | <input type="checkbox"/> Experiencing More Peace / Joy |
| <input type="checkbox"/> Chronic or Current Pain | <input type="checkbox"/> Painful Memory or Past Trauma |
| <input type="checkbox"/> Relationship Challenges | <input type="checkbox"/> Being Stuck |
| <input type="checkbox"/> Fears or Phobias | <input type="checkbox"/> Anger / Resentment / Frustration |
| <input type="checkbox"/> Suicidal Thoughts / Attempts | <input type="checkbox"/> Substance Use / Abuse |
| <input type="checkbox"/> Low Self-Esteem / Confidence | |

HEALTH HISTORY

ALL MEDICAL CONDITION(S) _____

PREVIOUS MENTAL HEALTH DIAGNOSIS _____

OTHER _____

ADDITIONAL INFORMATION

Have you seen a therapist for these or any other issues? When? _____

How did you find out about me? _____