Client Demographic Form

Please complete all fields.

TODAY'S DATE: _____

First Name | Last Name | Birthday

Preferred Gender Identity | Sexual Orientation/Attraction Identity | Ethnicity

Relationship Status | Career Identity/Status (e.g. Teacher – 6th Grade, Full Time) | Current Income (Approximate)

Are you currently in school (or training for a career) of any type? _____

What is the highest level of education you have completed, or are attempting now? (e.g. Bachelor's in Education) _____

CONTACT

Primary Phone Number | Primary Email Address

Current Street Address

I prefer to be contacted via: ☐ Phone ☐ Email ☐ Post-Office Mail

*By checking one of these boxes, you agree to be contacted via the preferred method, including leaving identifying messages.

EMER.

Emergency Contact

First Name | Last Name | Relationship | Phone Number

*This person will only be contacted in case of extreme emergency – self harm, harm toward others, hospitalization, medical emergency, etc.

MEDICAL

Are you on any medications? ☐ Yes ☐ No

If yes, please list what medication, and what for (including over the counter):

Med 1 | Med 2 | Med 3

HISTORY

Below is a list of common concerns and historical events that many people and their families have faced. If any apply to you, please check the box next to it.

- ☐ Addiction(s)
- ☐ Anxiety
- ☐ Chronic Medical Illness
- ☐ Compulsions
- ☐ Depression
- ☐ Divorce
- ☐ Domestic Violence
- ☐ Eating Disorder(s)
- ☐ Emotional Abuse
- ☐ Learning Disability
- ☐ Legal Problems
- ☐ Neglect
- ☐ Obsessive thoughts or worries
- ☐ Physical Abuse
- ☐ Psychological Abuse
- ☐ Suicide/Thoughts
- ☐ Significant Grief
- ☐ Specific Phobia(s)
- ☐ Significant Mental Health Issues
- ☐ Substance Abuse
- ☐ Verbal Abuse

Issues of a sexual nature:

- ☐ Rape
- ☐ Sexual Abuse/Incest
- ☐ Sexual Assault
- ☐ Sexual Identity Difficulty
- ☐ Gender Identity Difficulty
- ☐ Sex or Gender Expression
- ☐ Sexual Malfunctions
- ☐ Sexual Desire Concerns
- ☐ Arousal Issues
- ☐ Sexual Pain
- ☐ Out of Control Sex Behavior
- ☐ Sex Fetish Behavior/Identity

Have you ever been to therapy before? ☐ Yes ☐ No

Are there any special concerns that I need to know about? _____
(e.g. Legal Issues, Current Crises, etc.)