∞Socket Klatzker MA∞

 Confidential Client Information

Given Name:

 Preferred Name:

Gender and Preferred Pronouns:

Age:

Ethnic Background:

National Origin:

Address:

Home Phone: Cell Phone:

Email:

Occupation:

Most Recent Education:

What prompted you to seek counseling at this time?

Have you had previous counseling, psychotherapy or psychiatric care over the past two years? If yes, include name of clinician (s), their Degree/License, when you started, when you ended and why you ended therapy with them

Please list any before that:

Previous diagnosis:

Are you currently contemplating harming yourself or others?

Do you have a trauma background?

If yes, please explain:

Please describe your relationship with addiction:

What else do you want me to know that will help me support you?

Please list some of your goals for therapy:

What will be different in your life that will tell you that this therapy has been successful?