

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? _____

Best number to leave messages at? Home Cell Phone

E-Mail Address: _____

Address: _____

Street Address

City

State

Zip

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

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

Education Level: _____

How would you rate your overall physical health?

- Excellent Great Good Fair Poor

Do you exercise regularly? Yes No

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?
