

# LifeSpring Center

Mission Valley • Carlsbad • Rancho Bernardo  
Phone (619) 298-8722 • Fax (619) 298-5235

## CLIENT INFORMATION

Welcome to our office. Please read and complete these pages. Your therapist will come to the waiting room to meet you.

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

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Present Marriage \_\_\_\_\_

Church Affiliation (if applicable) \_\_\_\_\_

Children's Names & Ages \_\_\_\_\_

Who lives at your home \_\_\_\_\_

What is the major relationship issue or situation for which you wish counseling \_\_\_\_\_

What counseling have you had previously \_\_\_\_\_

What medications, if any, are you now taking \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to you \_\_\_\_\_

Who Referred You \_\_\_\_\_ May we thank them for referring you? Yes \_\_\_\_\_ / No \_\_\_\_\_

Your therapist may \_\_\_\_\_ / may not \_\_\_\_\_ send you email regarding upcoming conferences and seminars.

Your therapist may \_\_\_\_\_ / may not \_\_\_\_\_ identify him/herself when he/she calls your work.

Your therapist may \_\_\_\_\_ / may not \_\_\_\_\_ identify him/herself when he/she calls your home.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_