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**Center for EMDR Therapy**  
**Client Information Form**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Phone \_\_\_\_\_ eMail: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

**Referral**

Source: \_\_\_\_\_

Are you willing to sign a Release of Information form, so I can keep this person informed of your progress?  Yes  No

Are there any other relevant records I should obtain?  Yes  No

**Reason for Seeking Therapy**

Please tell me why you're here, in 1 or 2 phrases

**Goals for Therapy**

Please briefly state your top 3 goals for therapy

**Commitment to Change**

On a scale of 1-10 (10=highest), what is your level of commitment to change?

**Prior Therapy Experience**

If you have had counseling before, please briefly list when, why, with whom, whether your experience was helpful, and any diagnoses you were given

**Addictions**

What addictions are you currently struggling with, or have you struggled with in the past?

**Mental/Emotional**

Please briefly describe your current level of emotional health and functioning

What events in your past are still affecting you? (Include abuse, trauma, and losses)

**Physical**

Please rate your current physical health in one word		How often do you exercise?	
How often do you drink alcoholic beverages?		How often do you smoke?	
How often do you take drugs recreationally?		Please describe your sleep habits in 1-2 words	
How much water do you drink daily?			
Please list any significant medical conditions you have		Please list all medications you are taking (name, reason, dose)	

**Spiritual**

Would you be comfortable with your spirituality being addressed in therapy?

What else, if anything, would you like to share about your spirituality?

**Financial**

Please briefly share whether and to what extent finances are a current stressor in your life.  
(Example: "Yes. Major stressor.")

**Educational/Work History**

Please share a brief overview of your education and work history

**Marital and Family Status**

Please share your marital or relationship status, and whether you have children.

**Social**

Please list the people you talk to regularly about what's really happening for you.

**Recreational**

What do you regularly do for fun?

**Current Stressors**

Please list the current major stressors in your life

**What Else?**

What else would it be important for me to know about you, as your therapist?