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Client Information

Fill out as much information as you are comfortable disclosing.

Feel free to attach more pages if you wish to expand on any of this information.

**You may bring this to the first session, or fax it to the fax number above,
or scan it and email it to the email address above.**

Name: _____ Today's Date: _____

Date of Birth: _____ Referred By: _____

Residence Address 1: _____

Residence Address 2: _____

City, State and Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

OK to leave confidential voicemail: Home Phone: Cell Phone: Work Phone:

OK to send confidential texts: Home Phone: Cell Phone: Work Phone:

Email address: _____

Emergency Contact and Phone Number: _____

Relationship to Client: _____

Marital Status: _____ Name and age of spouse or partner: _____

Names and ages of children: _____

People who live with you: _____

Date of Last Physical Exam: _____ Please describe your overall health today:

Describe any recent significant health problems, major operations, illnesses or injuries:

Why are you seeking treatment at this time? _____

What would you like to accomplish in counseling? _____

Have you received counseling in the past? _____

If so, when and for how long? _____

What was the focus of the counseling? _____

Was the counseling a good experience for you? Why or why not? _____

Please describe any prescription medications you are taking now. _____

Have you ever attempted suicide? _____

If yes, what were the circumstances and when did it happen?

Have you ever been hospitalized for mental health reasons? _____

If yes, what were the circumstances and when did it happen? _____

Employment Status: Full Time ____ Part Time ____ Stay-At-Home Partner ____
Multiple Jobs ____ Unemployed ____ Self-Employed ____ Retired ____
Volunteering ____ Disabled ____

Occupation: _____

Primary Employer _____

Gross Family Income _____

Do you smoke? _____
If so, how much and for how long? _____

On average, how much alcohol do you consume in a week? _____

Do you currently use any illegal drugs? ____ Have you in the past? ____
If so, please describe your use.

Have you had, or are you currently involved in, any significant legal problems?

Have you ever been a victim of a crime or traumatic event that you still think about?

Interests and hobbies: _____

Describe any activities that you find rewarding or comforting, both those that you do now, and those that you have done in the past.

Describe anything that you feel gives your life meaning.

Describe any spiritual practices or beliefs that are important to you.

Is there any other information that you think will be relevant to being in therapy, even if you do not wish to reveal it here? This may include things like relationships, deaths, being adopted, family of origin problems, sexual matters, addictions, diagnoses, obsessions, or anything else that seems important. If so, you may describe it here, or save it to discuss in person.

None: I will save it to discuss in person:
