

CLIENT PROFILE

Date Prepared _____

Name: _____

Mailing Address: _____

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Time Zone: _____

Date of Birth: ____/____/____

Gender: Male Female Transgendered Transsexual Other

Sexual Orientation: Gay Lesbian Straight Bisexual Other

Occupation: _____

Level of Education: _____

Relationship Status: Married Single Divorced Separated Civil Union Partnership

Number of Marriages: _____

Ethnicity: _____

Nature of Business and Position: _____

Number of Children in Family of Origin: _____

Birth order in Family of Origin: _____

Where are you from: _____

How many different states/countries have you lived in? Please list them:

Name of Significant Other/Spouse: _____

Number of Years Together: _____

Children's Names and Ages:

I am in therapy because:

Previous therapist's name and phone number:

I'm taking the following medication(s):

Dosage of medication(s):

My religion/spiritual path and/or philosophy:

My (signature) strengths:

My challenge areas:

My biggest accomplishment(s):

I usually get stuck when:

How did you hear about Inner Guide Healing:

Other relevant/interesting facts about me: