



CONFIDENTIAL CLIENT INFORMATION FORM

Renovo Christian Counseling – Michael Nichols, LMFT – 828.446.4341 – renovoforlife.com
Piedmont Center, Suite 122 – 1375 Lenoir Rhyne Blvd – Hickory, NC 28602

Name: _____ Today's Date: _____

Sex: Male Female Date of Birth: _____ Age: _____

Address: _____

Mailing Address (if different): _____

Home phone: _____ Work phone: _____

Cell phone: _____ Other contact number: _____

Preferred number to reach you: Home Work Cell Other

Any number you do not want to be contacted at: _____ Email: _____

Do you regularly attend religious services? Yes No How often? _____

If yes, where? _____

Do you consider yourself a Christian? Yes No On a 1 to 10 scale, how important is your faith to you? _____

RELATIONAL INFORMATION

(Note: If coming as a couple, each person please complete a separate information form. However, one of you may skip areas of duplicate information.)

Current marital status: Single Engaged Married Separated Divorced Widowed

If engaged, married, separated, divorced, or widowed, for how long? _____

Number of previous marriages for you. _____ For your spouse. _____

If married, spouse's name: _____ Spouse's Age: _____

What is your level of education? _____ Spouse's? _____

What is your current occupation? _____ Spouse's? _____

Please list your children (including step, adopted, foster) below:				
Name	Sex	Age	Relationship to you	Living with whom?

Who else lives with you? _____

YOUR COUNSELING HISTORY

If you have had any previous counseling, psychiatric treatment, substance abuse treatment, or residential/in-patient care, please list information here. (Use the back if necessary.)

Counselor Name or Program	Major Issue	Dates

Has anyone in your family ever been treated or hospitalized for substance abuse, mental health issues, or psychiatric conditions?

Yes No If yes, please describe: _____

Have any of your family members or friends ever attempted or committed suicide? Yes No

If yes, who and when: _____

YOUR MEDICAL HISTORY

Please list any conditions, illnesses, treatments, or surgeries that have been significant, stressful, or might be relevant to your reason for seeking counseling:

Are you currently receiving any medical treatment? Yes No If yes, please describe: _____

Names of current medications you are taking	Reason for taking

Are you taking these medications according to the doctor's recommendations? Yes No

If no, please explain: _____

Approximate date and outcome of last physical exam: _____
