

WAVE Professional Clinical Counselors Inc.

WAVE THERAPY
3150 PIO PICO DR. SUITE 105
CARLSBAD, CA 92008

PHONE: (760) 500-3325

Additional Client Information

Please answer only what feels comfortable to you at this time.

Where were you born and what culture were you were raised in:

What is your religion or spiritual orientation? How involved are you and how much is this a part of your life:

What are the names, ages, and sex of any children you have (please indicate if any are stepchildren, or adopted):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Are you or your partner now pregnant? If so, what is your due date:

Tell me about your partner if you have one (name, age, occupation, how you met, are you married, how long have you been together, any ongoing arguments, physical violence):

If divorced, your age at the time of the marriage and divorce? What was the reason for divorce:

Tell me about your education (highest grade completed, colleges, subjects studied):

Are you or your partner currently or previously in the military (branch, dates of service, highest rank, combat duty, POW):

Tell me about your employment history and what types of jobs you have worked in the past 10 years (promotions, problems at work, what work did you like best/least):

Tell me about your legal history (arrests, time in jail, probation, what for, how long ago):

Have you ever been on SSI or disability (what for and how long):

Do you have any medical conditions (surgeries, medications, time in the hospital, head injuries, is the condition being followed by a doctor, any childhood illnesses or injuries):

Have you been a part of or witnessed anything traumatic (car accidents, sexual assault, physical assault, deaths)(when and what was the impact on you):

Tell me about any prior counseling you have received (when, for how long, with whom, what were issues were you working on, your experience with the counseling, what you liked and what you wish could have been different):

Who referred you here? Is it ok if I send this person a thank-you for referring you:

Please describe what brings you to counseling? What would you like to accomplish/understand/transform/change with the help of counseling:

Please describe three of your best qualities:

How will things be different when you have surpassed or transformed the issue that brought you to counseling? How will you feel? How will you understand things differently? How will this change your relationships? How will this change your day-to-day life:

Have you ever tried to hurt yourself or had suicidal thoughts (suicide attempts, psychiatric hospitalizations) (when was this, how long did this last, what were the thoughts or actions):

Tell me about your parents or guardians and what it was liked being raised by them (who were you close to, who made a big impact on your childhood, who did you go to for comfort, was there someone who felt unsafe to you emotionally or physically):

Were you ever abused as a child (physically, sexually, or emotionally) (did you tell anyone, was it reported, what was the result):

How did you and your family express feelings? How do you express feelings now:

What did you love to do as a child and what do you love to do now:

Did any of your family members suffer from alcohol or drug addiction, other additions, mental illness such as depression, anxiety, bipolar disorder, schizophrenia, suicide):

Tell me about some of your fears or phobias (being abandoned or rejected, social situations, spiders, etc):

What are some things you are looking forward to in the coming year:

THANK YOU for your openness and honesty and I look forward to meeting you soon!

Signature of client (or person acting for client)

Date

Printed Name

Date of Birth