



Inner Connections Therapeutic Services
5571 N. University Dr., Suite 101
Coral Springs, FL 33067
754.800.9540

Confidential Client Information

Welcome. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Home/Cell phone: _____

E-Mail Address: _____

Do you prefer an e-mail or text appointment reminder? _____

Age: _____ **Birthdate:** _____ **Birthplace:** _____

Education (grade completed, any postsecondary): _____

Current Occupation: _____

Person to alert in the event of medical emergency: _____

Relationship to you: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's 1st name: _____ **Age:** _____ **Yrs. in relationship:** _____

Children (gender, age):



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Please describe any significant current or past medical problems: _____

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each. _____

Have you had previous psychological care or counseling? Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time. _____

Have you ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what is the nature of the concern that you wish to address in therapy?

Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like. Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with your therapist. Feel free to list more than one goal if you wish.