



New Client Information (Family)

Thank you for your cooperation in completion of this form. Please notify me if any of the following information changes during the course of your treatment.

Today's date: _____

Please list those who will be present for counseling: Do not complete section if the individual will not attend.

▪Fathers Name: _____

Home Address: _____

City/State/Zip Code: _____

Phone (cell): _____ Phone (work): _____

Email Address: _____

Date of Birth: _____ Age: _____

Occupation: _____

Employer: _____

Marital Status: Single Engaged Married (____years married) Separated Divorced

If I need to contact you, do I have your permission? ____Yes ____No

How do you prefer to be contacted? ____Phone ____Text ____Email

Can I send appointment reminders to you Email address? ____Yes ____No

▪Mother's Name: _____

Home Address: _____

City/State/Zip Code: _____

Phone (cell): _____ Phone (work): _____

Email Address: _____

Date of Birth: _____ Age: _____

Occupation: _____

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Cambron Counseling 33300 Egypt Lane, Suite K900 Magnolia, Texas 77354 832-585-3656 tarah@cambroncounseling.com



Employer: _____

Marital Status: Single Engaged Married (____years married) Separated Divorced

If I need to contact you, do I have your permission? ____Yes ____No

How do you prefer to be contacted? ____Phone ____Text ____Email

Can I send appointment reminders to you Email address? ____Yes ____No

Children:	Name	Age	Where/with whom do they live?
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

*If children are stepsiblings or partial siblings please indicate next to their name

What Brings Your Family to Cambron Counseling?

▪Briefly describe your concerns for which you are seeking help:

▪What do you hope to accomplish in therapy?

▪How does your family deal with conflict?

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▪Are there any major life events occurring (or that have occurred) that your family is dealing/struggling with? (i.e. death, job loss, life threatening illness, problematic child).

▪What are your families' strengths? Any special things you enjoy doing together?

Medical Information:

▪Has anyone in the family received a mental health diagnosis? _____Yes _____No

▪If "yes", what was the diagnosis?

▪Are any family members currently under the care of a doctor or psychiatrist? Explain:

▪Do any family members take medication (prescribed or over the counter)? If so, please explain what for:

▪Are any of the family member currently receiving therapy services with another professional? Please explain.



▪Any additional information important for me to know?
