



12345 Jones Rd. Suite 285  
Houston, TX 77070

### Client Information Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_

Age and Date of Birth: \_\_\_\_\_ Spouse's (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (primary) \_\_\_\_\_ Leave a message? ( ) Yes ( ) No

(secondary) \_\_\_\_\_ Leave a message? ( ) Yes ( ) No

Name(s) and age(s) of child(ren): \_\_\_\_\_

\_\_\_\_\_  
Name of Parent(s) if minor: \_\_\_\_\_

Referred by: \_\_\_\_\_

#### HEALTH HISTORY

Have you ever seen a mental health professional? If yes, was it helpful? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

Have you been given a diagnosis by a mental health professional? If so, please explain:

\_\_\_\_\_



12345 Jones Rd. Suite 285  
Houston, TX 77070

**SBCC Client information sheet continued**

**Please list any medications that you are currently taking, including supplemental vitamins:**

---

---

**Do you have a history of seizures and/or a head injury? If yes, briefly explain:**

---

---

**Do you have a history of allergies to medications? If so, please list:**

---

---

**Please explain briefly why you are here today:**

---

---

---

**Do you have a religious affiliation? ( ) Yes ( ) No**

**Are you an active member of that organization? ( ) Yes ( ) No**

**Emergency contact information:**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Your initials:** \_\_\_\_\_ **Date** \_\_\_\_\_