

**Shauna K. Moore, M.S., L.M.F.T.**

AAMFT Approved Supervisor  
Certified Integrative Health Coach

**INDIVIDUAL • MARITAL • FAMILY THERAPY**

*To everything there is a season.*

**CLIENT INFORMATION** (Print or write clearly)

**Client Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
(Please circle the number you would wish to have called.)

**May messages be left?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employer** (if employed) \_\_\_\_\_ **How Long** \_\_\_\_\_ **Position** \_\_\_\_\_

**Emergency Contact Person and Number** \_\_\_\_\_

**Spouse's or Parent's Name and Number** \_\_\_\_\_

**How did you receive my name?** \_\_\_\_\_

**May I thank anyone for referring you** (no information is shared other than you contacted me)? \_\_\_\_\_

**Religious preference** \_\_\_\_\_ **Do you speak fluent English?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Do you have any physical conditions that are being treated by a physician?** \_\_\_\_\_ **If so, please list them on the back and include medications that you are currently taking.**

**Do you use any recreational drugs or alcohol?** \_\_\_\_\_ **Please list, what you use, the frequency and quantity, and last time used. Please use back if needed.** \_\_\_\_\_

**Why you are here/what would you like your therapist to know about you?** \_\_\_\_\_

**What would you like to gain by being in therapy?**

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_