



WHOLESENSE COUNSELING & CONSULTATION, PLLC

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Client Information Sheet

Personal Information

Today's Date: __ / __ / __

Full Name: _____ Date of Birth: __ / __ / __ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ ☐ OK to leave msg ☐ NO MSG
Cell Phone: _____ ☐ OK to leave voicemail ☐ OK to text ☐ NO MSG
Email Address: _____
Employer: _____ Job Title: _____
Legal Gender/Sex (*gender/sex on driver's license or on record with insurance company*):
☐ Female ☐ Male ☐ Intersex ☐ Nonbinary ☐ Not listed (please specify): _____
Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Education (last year completed) and/or other training: _____
Spouse's Name (if applicable): _____

Emergency Contact Information

Name: _____ Phone: _____
Relationship: ☐ Spouse ☐ Parent ☐ Relative ☐ Other: _____

Insurance Information

Primary Person Insured: _____ Date of Birth: __ / __ / __
Relationship to Client: _____ Insured's Employer: _____
Insured's Address (if different from above): _____
Insurance Company: _____ Phone: _____
SS#: _____ Policy #: _____

Health Information

Rate your health (check): ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other: _____
Primary Care Physician: _____ Phone: _____
Please list any current or past medical conditions: _____
Current Medications (name, dosage): _____
Past hospitalizations (when, where, reason): _____

Counseling/Therapy History

Have you ever attended therapy before? ☐ Yes ☐ No
If yes, please list therapist, dates and presenting issues: _____
Any past psychiatric hospitalizations? ☐ Yes ☐ No

Religious Background

Describe your religious background and current religious beliefs, if any: _____
