GONSALVES
THERAPY AND COACHING

office: 951-302-6400 32605 Temecula Pkwy. #206 Temecula, CA 92592 gonsalvesinc@gmail.com

CLIENT INFORMATION FORM

Date: _____

Client Name: _____ Date of Birth: _____
Address: _____ City _____ State _____ Zip _____
May I mail to you this address? Yes_____ No_____ May I e-mail you? Yes___ No___
Email: _____
Social Security #: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____
Occupation _____ How long in this occupation? _____
Who lives with you? _____
_____

Emergency Contact Name: _____
Phone Number: _____

Who were you referred by: _____
May I contact this person to thank them: Yes: _____ No: _____

Previous Counseling and/or Psychiatric Treatment:
(Please include name of provider, length and focus of treatment)

_____
_____
_____
_____

Medications (Please include dosages if known):

_____

Significant Health Problems: _____

What you hope to gain in counseling:

_____
_____
_____