

New Client Information Sheet

First and Last Name: _____

Name you would like to be called (if different from above): _____

Address: _____ City: _____ State: _____ Zip code: _____

Cell Phone: (_____) _____ - _____ OK to leave a message on this phone? Yes No
OK to text this phone? Yes No

Home Phone: (_____) _____ - _____ OK to leave a message on this phone? Yes No

Email address: _____

Age: _____ Date of Birth: ____/____/____
Month Day Year

Emergency Contact:

Name: _____ Phone Number: (_____) _____ - _____

Relationship of this person to you: _____

Occupation/Current Job: _____

Employment Status: Full-time Part-time Unemployed

Highest Educational Level or Degree: _____

For Current Students:

Where do you go to school? _____

What degree or program are you enrolled in? _____

What brings you to Work & Life Directions today? What are the concerns or issues that are most on your mind?

Gender Identification:

- Female
- Male
- Transgender
- Genderqueer
- Other: _____

Racial/Ethnic Identification:

- White/Caucasian
- Black/African American
- Asian/Asian American
- Hispanic/Latino/a
- Native American/American Indian
- Multiracial: _____
- Other Racial/Ethnic identification: _____

Relationship Status:

- Single
- Married
- In a Committed Relationship
- Divorced
- Widowed
- Other: _____

Sexual Orientation:

- Straight/Heterosexual
- Gay/Lesbian
- Bisexual
- Questioning
- Pansexual
- Asexual
- Other: _____

Religious Affiliation/Spiritual Beliefs: _____

How did you hear about us? (check all that apply)

- Found website online (www.centerforworkandlifewellness.com or www.WLdirections.com)
 - Google Ad
 - National Career Development Association website
 - Minnesota Psychological Association website
 - American Psychological Association website
 - From another mental health professional
 - From a friend or family member
 - Other: _____
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