

## CONFIDENTIAL CLIENT QUESTIONNAIRE (rev 11-23-21)

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell phone (texting?) \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

What pronoun do you prefer? (he/him; she/her; they/them; or?) \_\_\_\_\_

Occupation: \_\_\_\_\_

Other members of household, ages, and relationship to you:

\_\_\_\_\_

What issue(s) would you like help in resolving?

\_\_\_\_\_

Have you seen a therapist for these or any other issues, and if so, when?

\_\_\_\_\_

Do you have any medical conditions of which I need to be aware?

\_\_\_\_\_

Have you been given a mental health diagnosis?

\_\_\_\_\_

What, if any, medications are you taking?

\_\_\_\_\_

Are you now, or have you ever been suicidal? If so, when and why?

\_\_\_\_\_

Do you or anyone in your family have a history of addiction or substance abuse? If yes, please specify.

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What would you most like to achieve out of our work together?

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Are your parents living? Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-parent \_\_\_\_\_

What was your relationship with your parents like growing up? Now?

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What is missing in your life to make it ideal?

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Emergency Contact (Name, Relationship to you, Phone number):

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I, Lou Ellyn Jones, make the following disclosure: I am a certified practitioner of Emotional Freedom Techniques (also known as EFT or “tapping”). EFT is not licensed or regulated by the State of Washington. My services do not include the practice of medicine or psychology or any other healing art. I am not a licensed physician or therapist. I will interview each potential client to determine whether the services I provide can be of benefit and will provide those services in accordance with the education, training, and experience I have.

I, \_\_\_\_\_(client), have read this document and provided the correct information.

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