∞ Jamie Brennan MA, LPC - Jamie Brennan Therapy and Coaching Services ∞

New Client Information Form

Date: _____

(Note: Completing this form will assist us both in determining if Therapy or Coaching would be most beneficial for you.)

Name: _____
Street Address: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Occupation: _____
Work Phone: _____
Birth Date: _____ Age: _____
OK to Leave message? _____Yes ____No
OK to leave message? _____Yes ____No
OK to send educational materials? ___Yes ___No

(Please note that I do not take insurance, except Kaiser, and I do not provide crisis mental health care.)

☐ Female ☐ Male ☐ Non-binary/ third gender ☐ Transgender ☐ Prefer not to say ☐ Prefer to self-describe _____

Current Relationship Status: ☐Partnered ☐Married ☐Widowed ☐Single ☐Divorced ☐Separated

☐Living together as Partners - How Long?: _____

If married, duration of marriage: _____ Previous marriages (Date/How ended) _____

Names and ages of children (bio, adopted, foster)

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Education and Occupation:

Current Vocation: _____ Past Vocations: _____
Most Desired Vocation: _____ Highest Education: _____
Training and Workshops in past 2 years: _____

Drug and Alcohol Information:

Substance	First Use	# Days/Week Used Now	Last Used
Beer			
Liquor			
Wine			
Marijuana			
Any other mind-altering substances:			

If you or others have concerns about your use of substances, please describe:

_____

Do you have any current physical health concerns/conditions?

_____

What is your current physical condition? ☐ Poor ☐Fair ☐Average ☐Good ☐Excellent

What is your current emotional condition? ☐ Poor ☐Fair ☐Average ☐Good ☐Excellent

IN CASE OF EMERGENCY

I authorize Jamie Brennan, LPC to contact the following person(s) in case of an emergency:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

How did you hear about me? _____

Co-Creating What You Want

1. Please check those aspects of your life that feel satisfying, and circle the ones that you want support with or assistance to expand:

☐Friendships/Sense of Belonging	☐Creative Expression/Development
☐Work & Professional Relationships	☐Career Satisfaction, Development or Transition
☐Intimate Partner & Family Relationship	☐Spiritual Meaning and Connection, Religious Engagement
☐Relationship with Yourself/Self-compassion	☐Physical Health
☐Community Service/Benefiting Others	☐Ability to Rejuvenate & Relax
☐Financial Wellness	☐Overall Vitality
☐Ability to Sense Beauty and Awe	☐Inner Peace and Ease

2. In your own words, what concerns and or what aspirations/dreams bring you to seek support?

3. How will you know when your current concerns and or aspirations/dreams have been resolved or met?

4. Please check the challenges you are currently facing, and circle those that you have felt challenged by in the past:

☐Aging Issues	☐Guilt	☐Self-esteem
☐Anger/Resentment	☐Hopelessness	☐Self-loathing
☐Alcohol/Drugs Misuse	☐Identity	☐Sexual Concerns
☐Anxiety/Fear	☐Life Transitions	☐Sleep Disturbances
☐Eating/Food	☐Loneliness	☐Suicidal Feelings or Attempts
☐Faith	☐Sense of Meaning/Purpose	☐Career Concerns
☐Feeling Stuck	☐Mid-life Issues	☐Weight Gain or Loss
☐Finances	☐Physical Health	☐Relationship issues with Partner
☐Frequent Crying	☐Poor Appetite	☐Relationship Issues with Parents
☐Gender Identity	☐Religious/Spiritual Crisis/Doubt	☐Relationship Issues with Children
☐Grief/Loss	☐Self-doubt	☐Relationship Issues with Other(s)

☐Any Abuse/Assault Issues: ___Sexual ___Emotional ___Verbal ___Physical ___Neglect as a Child

5. What self-care/resiliency building/high vibration activities do you currently engage in? And how often?

6. Are you wanting and willing to do in-between session reading, learning, homework, and or experiential activities to support your growth and or healing process? ___Yes ___No

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