

## CONFIDENTIAL CLIENT INFORMATION

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip+4 \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip+4 \_\_\_\_\_

Phones: mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Residence ( \_\_\_\_\_ ) \_\_\_\_\_

Business ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_ Website \_\_\_\_\_

Special instructions for mail or phone calls (if any) / How do you prefer to be contacted?

\_\_\_\_\_

In an emergency contact: name \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

relationship \_\_\_\_\_

Your place of employment \_\_\_\_\_

Address/City/State/Zip+4 \_\_\_\_\_

Occupation/title \_\_\_\_\_ Annual income—optional \$ \_\_\_\_\_

Job description \_\_\_\_\_ how long? \_\_\_\_\_

Educational level: highest degree earned/major, or highest grade completed \_\_\_\_\_

\_\_\_\_\_

Other education/degree(s)/license(s)/credential(s), etc. \_\_\_\_\_

\_\_\_\_\_

Military service? Describe \_\_\_\_\_

Have you ever been arrested? Describe \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_

Where did you grow up? \_\_\_\_\_ How long have you lived in your

present area? \_\_\_\_\_ Where all have you lived? \_\_\_\_\_

\_\_\_\_\_

**Please complete ALL of the following pages →**

**DR. DIANNE RUTH** PhD in Psychology • Anxiety Care Coach & Alternative Counselor

Email: [DrRuth@AnxietyCareCoach.com](mailto:DrRuth@AnxietyCareCoach.com) • Website: [AnxietyCareCoach.com](http://AnxietyCareCoach.com) • [DynamicResources.net](http://DynamicResources.net)  
Call/Text (619) 961-7500 • Sessions in Person or by Phone ... that really work!

Primary cultural/ethnic background \_\_\_\_\_. Brief family history (siblings, birth order, parents' occupation(s) during your childhood, and now; what was your age when parents separated, divorced, remarried, died/how, etc.; note any family addictions, and behavior that affected you, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Female  Male  transgender person  straight  bisexual  gay  other \_\_\_\_\_

Primary partner's name \_\_\_\_\_ age \_\_\_\_\_ occupation \_\_\_\_\_

Relationship status: single  married  life/domestic partner  dating  other

Number of times married, divorced, long-term relationships: when, how long, etc. \_\_\_\_\_

Children's name(s), sex, age \_\_\_\_\_

Do you live with anyone? Relationship(s)? \_\_\_\_\_

Companion pet(s) in your home that give you pleasure: name/gender/breed \_\_\_\_\_

Present interests, hobbies and activities \_\_\_\_\_

Briefly describe your religious and/or philosophical beliefs *including reincarnation*, as a child—and as an adult \_\_\_\_\_

How did you learn about Dianne Ruth, CCH, PhD? Please describe \_\_\_\_\_

If referred by an individual, may I let him/her know that you contacted me? Yes  No   
name \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_  
email \_\_\_\_\_

**BRIEF PHYSICAL HEALTH DATA:**

Do you have a personal physician? Yes  No  When was your last medical checkup?  
Reason/results \_\_\_\_\_

Specify any ongoing physical problems such as headaches, allergies, neck/backaches, PMS, also recent injuries, surgeries, or illnesses, and any treatment, including current medications, you are now receiving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any alternative health care? (e.g., chiropractic, acupuncture, homeopathy, nutritional work up, bodywork) Past  Present  Describe \_\_\_\_\_  
\_\_\_\_\_

What is your height? \_\_\_\_\_ Your weight? \_\_\_\_\_

Do you follow good nutritional eating habits? Yes  No  Not sure   
Comments \_\_\_\_\_

Do you take vitamins and/or nutritional supplements regularly? Yes  No   
Comments \_\_\_\_\_

Do you exercise regularly? Describe \_\_\_\_\_

Do you drink caffeine? If yes, what? How much? How often? \_\_\_\_\_  
\_\_\_\_\_

Do you drink alcohol? If yes, what mostly? How much? How often? \_\_\_\_\_  
\_\_\_\_\_

Do you smoke? If yes, what? How much? How often? \_\_\_\_\_

Do you use any recreational street drugs, or other substances? If yes, which ones? How much and how often? \_\_\_\_\_

**BRIEF MENTAL HEALTH DATA:**

Have you EVER BEEN hospitalized for psychiatric/psychological reasons at any time?  
When? \_\_\_\_\_ Briefly describe the circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you EVER BEEN, and/or are you NOW in counseling/therapy? Past  Present

When? \_\_\_\_\_ With whom? \_\_\_\_\_

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Presenting issue(s)/results/describe \_\_\_\_\_

Do you have a good support system such as family or friends you can talk with? \_\_\_\_\_

Have you had any experience with hypnosis/hypnotherapy, Neuro-Linguistic Programming (NLP), meditation, guided imagery, EMDR, EFT (tapping) or other energy or altered states of consciousness or awareness work? \_\_\_\_\_

Identify any present concern(s) such as depression, anxiety or panic attacks, phobias, obsessions-compulsions, anger, sleeping difficulties, eating disorders, conflicts, other(s) \_\_\_\_\_

Please describe in your own words why you are seeking Life Coaching & Alternative/Holistic counseling at this time \_\_\_\_\_

**ADDITIONAL INFORMATION**

How do you learn new information **BEST**? For example, if you were buying a new car, which feature would be the most influential in your decision: the appearance, the sound system, or how comfortable it was? Learning examples, reading, listening, taking notes, watching demonstrations, hands-on-experience, other? **Circle ONE answer.**

**Fees and sessions.** Your "One-time Introductory Offer" is a 1-1/2 hour session for \$149. Ongoing 1-1/2 hour sessions are \$315; one-hour sessions are \$210. (If special financial or other accommodations are needed, please discuss them with Dr. Ruth in advance). When making another appointment, you must give **24-hours notice** if you change your mind or need to reschedule; otherwise, you will be held responsible for payment in full for the missed session.

**Agreement.** If I decide to continue a program of Life Coaching & Alternative/Holistic Counseling with Dr. Dianne Ruth, I understand that additional conditions will apply. These conditions will consist of accepting more defined policies of the practice. The necessary forms will be made available to me by Dr. Ruth, and they will need to be completed by me before my next session.

Authorized Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

PRINTED Name \_\_\_\_\_