

# CONFIDENTIAL CLIENT INFORMATION

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date \_\_\_\_\_  
Home address \_\_\_\_\_ City/State/Zip+4 \_\_\_\_\_  
Mailing address \_\_\_\_\_ City/State/Zip+4 \_\_\_\_\_  
Phones: res. (\_\_\_\_) \_\_\_\_\_ bus. (\_\_\_\_) \_\_\_\_\_  
mobile (\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_  
Place of employment \_\_\_\_\_ Social Security No. \_\_\_\_\_  
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 \_\_\_\_\_  
Female  Male  birthplace \_\_\_\_\_ birth date \_\_\_\_\_ present age \_\_\_\_\_  
Where did you grow up? \_\_\_\_\_ How long have you lived in your present area? \_\_\_\_\_  
Where all have you lived? \_\_\_\_\_  
Primary cultural/ethnic background \_\_\_\_\_ Brief family history (siblings, birth order, parents' occupation(s) during your childhood, and now, your age when parents separated, divorced, remarried, died/how, etc.; note any family addictions, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Sexual orientation—optional (e.g., heterosexual, bisexual, homosexual, other) \_\_\_\_\_  
Primary partner's name \_\_\_\_\_ age \_\_\_\_\_ occupation \_\_\_\_\_  
Current Relationship status (e.g., single, married, life/domestic partner, dating, other) \_\_\_\_\_  
Number of times married, divorced, long-term relationships: when, how long, etc. \_\_\_\_\_  
\_\_\_\_\_  
Children's names, sexes, ages \_\_\_\_\_  
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 me (Dianne Ruth, PhD)? Please describe \_\_\_\_\_  
If referred by an individual, may I let him or her know that you contacted me? Yes  No   
name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Please complete next page ➡

**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)  
Mobile (619) 961-7500 • All Sessions by Phone

## 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, 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 counseling at this time \_\_\_\_\_

## ADDITIONAL INFORMATION:

How do you learn new information **BEST**? (e.g., reading, listening, taking notes, watching demonstrations, hands-on-experience, other; **SELECT ONLY ONE** primary mode) \_\_\_\_\_

**Fees and sessions.** Introductory Special is \$149 and is 90-minutes. A single session is \$157.50 for 45-minutes (unless other arrangements have been made with me, Dr. Ruth). **If you choose to make another appointment, you must give a 24-hour notice if you change your mind or need to reschedule.** Otherwise, you will be held responsible for the full payment of the missed session.

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

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

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

CCI071415