

# CLIENT QUESTIONNAIRE

**NOTE: PLEASE COMPLETE THIS QUESTIONNAIRE AND BRING WITH YOU TO YOUR FIRST COUNSELING SESSION**

**NAME:** \_\_\_\_\_

**PHONE: HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_

**STATUS:**     **SINGLE**         **ENGAGED**         **MARRIED**

**AGES:**    **20-30**     **31-40**     **41-50**     **51-60**     **61-70**

**GENDER:**  **MALE**     **FEMALE**

## QUESTIONS

**1. IS THIS YOUR FIRST TIME IN COUNSELING?**

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**2. WHY ARE YOU SEEKING COUNSELING?**

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**3. WHEN DID YOU FIRST BECOME AWARE OF THE CURRENT CIRCUMSTANCES?  
PROVIDE EXPLANATION.**

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**4. WHAT IS YOUR DESIRE OUTCOME(S) FROM COUNSELING?**

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**5. WHAT DO YOU HOPE WILL CHANGE WITHIN THE RELATIONSHIP WITH YOURSELF OR YOUR PARTNER?**

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**6. WHAT ARE THE STRONG POINTS WITHIN YOURSELF OR THE RELATIIONSHIP?**

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**NOTE: WHEN THERAPIST AND COUNSELOR MUTUALLY AGREE THAT ALL GOALS HAVE BEEN MET IT IS NECESSARY TO HAVE A TERMINATION SESSION IN THE COUNSELOR'S OFFICE. IT IS VALUABLE FOR THE CLIENT TO RECEIVE TERMINATION GOALS IN PERSON. IT WILL BE MY PLEASURE TO THERAPEUTICALLY WORK WITH YOU TO CREATE A BETTER LIFE.**