

**Client Profile**

| **Clinician:**  |  |
| --- | --- |
| **Initial session date:** |  |
| **Name:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Informed Consent:****(For Practitioner Only)** |  |
| **Reason for seeking therapy:** |  |
| **What are your perceived barriers?** |  |
| **Client’s priorities and desired targeted outcomes:** |  |
| **Significant family mental health history (as reported by client):** |  |
| **Notes:** |  |