

Sharon Sanborn, MA, LMHC, ATR-BC, CHT

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Client Confidential Information

How did you hear about Sharon's services? _____

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Cell Phone: _____ Other Phone: _____

Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Occupation/School: _____

Marital/Significant partnership Status: _____

Emergency Contact (Name) _____

Relationship _____ Phone () _____

Any Medical Concerns _____

Do you take medications? Dosage? Prescriber? _____

Smoke or use tobacco products? How often? _____

Alcohol consumption? (type, frequency, quantity) _____

Drug consumption? (type, frequency, quantity) _____

Describe your present stress level? _____

Any Legal Concerns _____

Previous Coaching, Counseling, Hypnotherapy experience (where? when? helpful?): _____

Family history of Mental Illness (If yes, relation, issue?) _____

Primary reason for coming for Coaching/Counseling/Hypnotherapy at this time?

Is there anything else you feel is important for me to know? _____