

## CLIENT INFORMATION SHEET

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The purpose of this form is to get background information to assist me in serving you. All information is confidential.

Date:

Full Name:

Address:

Telephone:

Emergency Contact Information:

Date of Birth:

Place of Birth:

Ethnic Background:

Education:

Employment:

1. Have you ever received counseling, psychological, or psychiatric services in the past? If yes, where, how long, and for what reason? How was it helpful / not helpful?
2. What brings you here today?
3. Do you have health /medical insurance?
4. Are you now, or have you ever, had thoughts of suicide? If yes, when?

5. Do you currently have supportive people in your life?
  
6. What one thing would you like more of in your life?
  
7. What one thing would you like less of in your life?
  
8. What are you most passionate about?
  
9. Please list any current physical conditions.
  
10. Please list any prescription drugs currently taken and purpose.
  
11. How did you hear about the counseling services I provide?