

## CONFIDENTIAL CLIENT INFORMATION

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip+4 \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip+4 \_\_\_\_\_

Phones: mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Residence ( \_\_\_\_\_ ) \_\_\_\_\_

Business ( \_\_\_\_\_ ) \_\_\_\_\_ 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 \_\_\_\_\_

Your place of employment \_\_\_\_\_

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 \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_

Where did you grow up? \_\_\_\_\_ How long have you lived in your

present area? \_\_\_\_\_ Where all have you lived? \_\_\_\_\_

**Please complete ALL of the following pages →**

**DR. DIANNE RUTH**

PhD in Psychology • Holistic Counselor • Master Hypnotherapist

Email: [DrRuth@DynamicResources.net](mailto:DrRuth@DynamicResources.net) • Website: [www.DynamicResources.net](http://www.DynamicResources.net)

Call/Text (619) 961-7500 • Sessions by Phone ... that really work!

Primary cultural/ethnic background \_\_\_\_\_. Brief family history (siblings, birth order, parents' occupation(s) during your childhood, and now; what was your age when parents separated, divorced, remarried, died/how, etc.; note any family addictions, and behavior that affected you, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Female  Male  transgender person  straight  bisexual  gay  other \_\_\_\_\_

\_\_\_\_\_

Primary partner's name \_\_\_\_\_ age \_\_\_\_\_ occupation \_\_\_\_\_

Relationship status: single  married  life/domestic partner  dating  other

\_\_\_\_\_

Number of times married, divorced, long-term relationships: when, how long, etc. \_\_\_\_\_

\_\_\_\_\_

Children's name(s), sex, age \_\_\_\_\_

\_\_\_\_\_

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 beliefs as a child—and your philosophical beliefs as an adult including reincarnation \_\_\_\_\_

-

How did you learn about Dianne Ruth, CCH, PhD? Please describe \_\_\_\_\_

\_\_\_\_\_

If referred by an individual, may I let them know that you contacted me? Yes  No

name \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

email \_\_\_\_\_

**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, nutritional workup, acupuncture, homeopathy, bodywork, hypnosis) 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 support system such as family or friends? \_\_\_\_\_

Have you had any experience with hypnosis/hypnotherapy, NLP, EFT, meditation, guided imagery, or other energy or altered states of consciousness work? \_\_\_\_\_

Identify any present concern(s) such as depression, PTSD, anxiety, panic attacks, phobias, grief, anger, sleeping difficulties, eating disorders, conflicts, dissociation, other(s) \_\_\_\_\_

Please describe in your own words why you are seeking Holistic Counseling at this time \_\_\_\_\_

**ADDITIONAL INFORMATION: Please Read and Respond**

How do you learn new information **BEST**? For example, if you were buying a new car, which feature would be the most influential in your decision: the appearance, the sound system, or the comfort? Learning examples, reading, listening, taking notes, watching demonstrations, hands-on-experience, other? **Circle ONLY ONE answer.**

**Fees and sessions.** Your “Onetime Introductory Offer” is a 1-hour session for **\$157**. Following sessions are: **\$235 for each 1-hour session. When making another appointment, you must give 24-hours notice** if you change your mind or need to reschedule, otherwise, you will be held responsible for payment in full for the missed session.

**AGREEMENT.** If I decide to continue a program of Holistic Counseling & Life Coaching with Dr. Dianne Ruth, I agree to accept more defined policies of the practice by reading and signing the “Benefits and Information” sheet. **I also agree to complete and turn in additional intake forms by my second session.** (For more information, go to [www.DynamicResources.net/downloads.htm](http://www.DynamicResources.net/downloads.htm))

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

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