



Northwest Creative Therapy LLC

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CLIENT BACKGROUND INFORMATION

PERSONAL INFORMATION

Today's Date: _____

Full Name: _____

Birthdate: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ Work: _____

May I leave a message for you at home? Yes___ No___ At work? Yes___ No___

FAMILY INFORMATION (those living with you)

Spouse / Partner Name: _____ Age: _____ Gender: _____

Child's Name: _____ Age: _____ Gender: _____

Child's Name: _____ Age: _____ Gender: _____

Child's Name: _____ Age: _____ Gender: _____

Child's Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____ Relation: _____

Name: _____ Age: _____ Gender: _____ Relation: _____

ADDITIONAL FAMILY RELATIONS (key family not residing with you)

Name: _____ Age: _____ Gender: _____ Relation: _____

Name: _____ Age: _____ Gender: _____ Relation: _____

Name: _____ Age: _____ Gender: _____ Relation: _____

Name: _____ Age: _____ Gender: _____ Relation: _____

*** CONTINUE ON BACK OF FORM ***

ADDITIONAL EMERGENCY CONTACT

Name: _____ Relation: _____

Telephone: Home: _____ Cell: _____ Work: _____

Please describe briefly what changes you are hoping to make in coming to counseling now:
