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CLIENT INFORMATION FORM (YOUNGER PERSON)

Please fill in this information so I can help you better. Write more on the back if you want to.

Name: _____ Today's Date: _____

What are you good at doing?

What do you like about yourself?

What do other people like about you?

Is there anything you are afraid of?

If you had three wishes, what would they be?

If you were an animal, what animal would you be?

If anything in your life could be different, what would you want to change?

Who is your favorite character from a book, movie, or TV?

What do you like about him or her?

Would you ever want to be famous? If so, for doing what?

List three things that are important to you

What do you think about coming to see me?

Tell about one dream you've had:

If you could go to the moon, who would you take with you?

If you found a hundred dollars lying on the sidewalk, what would you buy with it?

Pick which ones you mostly are:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Jealous | <input type="checkbox"/> Disappointed |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Connected to other people |
| <input type="checkbox"/> In a hurry | <input type="checkbox"/> _____ (something else) |

Is there anything else you would like me to know?
