

## Client Information

Today's Date \_\_\_\_\_

Name:

\_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Best phone # to reach me: \_\_\_\_\_ (W / H / C) OK to leave Msg? \_\_\_\_\_

2<sup>nd</sup> Best phone #: \_\_\_\_\_ (W / H / C) OK to leave Msg? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ OK to E-mail? \_\_\_\_\_

Relationship Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

(Check One)

Partnered \_\_\_\_\_ Boy/Girl friend \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Spouse/Partner/Boy /Girlfriend: \_\_\_\_\_ age: \_\_\_\_\_

Names & ages of children (please include step kids): \_\_\_\_\_

\_\_\_\_\_

My parents are: Mother's name \_\_\_\_\_

living \_\_\_\_\_ deceased \_\_\_\_\_

Father's name \_\_\_\_\_

living \_\_\_\_\_ deceased \_\_\_\_\_

Names & ages of siblings (please include half or step siblings): \_\_\_\_\_

\_\_\_\_\_

What else would you like to say about your family?

Place of Employment: \_\_\_\_\_ full/part-time

Highest grade, certifications or degree achieved in school? \_\_\_\_\_

Religious/ Spiritual Affiliation: \_\_\_\_\_

Hobbies, Civic, Social Activities: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phones Number(s): \_\_\_\_\_

Why are you seeking counseling at this time? \_\_\_\_\_

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Allergies:

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Medical Conditions:

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Current Medications:

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Previous Counseling:

When: \_\_\_\_\_

For what issues? \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_