

## Client Information

Date: \_\_\_/\_\_\_/\_\_\_ Date of Initial Session: \_\_\_/\_\_\_/\_\_\_ Fee per Session (to be filled in by counselor) \_\_\_\_\_

Client (self): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Client (spouse/parent): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Spouse (W) \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status—Circle all that apply:** Married—Yrs./Mo. \_\_\_\_\_ Divorced/Date: \_\_\_\_\_ Separated/Date: \_\_\_\_\_

Single

Engaged

Widowed

Never Married

Cohabiting

### Children (Names and Ages)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Child/Adolescent Information:

Parent/Guardian: \_\_\_\_\_ Natural Step Adoptive Foster

Phone: \_\_\_\_\_ Address (if different from above) \_\_\_\_\_

### Present Living Arrangement—Circle:

Alone Family Friends Guardian Foster-care Other: \_\_\_\_\_

### Employment Status —Circle:

Full-time Part-time Unemployed Retired Homemaker Full-time Student Seasonal worker

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Church affiliation (if any): \_\_\_\_\_ Referred by: \_\_\_\_\_

Previous Counseling? Yes No If yes, when: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Purpose: \_\_\_\_\_ Positive Experience: Yes No Please explain: \_\_\_\_\_

Current Medication? Yes No If Yes, Name & Frequency \_\_\_\_\_

Insurance: Yes No If Yes, Name: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_\_ Grp/Pln#: \_\_\_\_\_