

Client Information Form

Today's Date _____ Name _____

Birth date _____ Age _____ Sex: M / F

Home Address _____ City _____ State _____ Zip _____

Home Phone (OK to Leave Message?): _____

Cell Phone (OK to Leave Message?): _____

Referred by _____ Email: _____

Education History

College(s) attended _____ Degree Completed _____ Yr _____

Special Training _____

Other: _____

Are You Planning to Further Your Education: _____

Work History Present Position _____ How Long _____

Name Of Company _____ Phone _____

How Many Companies Have You Worked For In Your Lifetime? _____

Longest _____ Shortest _____ Plan to Chg Current Job? _____

Family History Parents are: (Circle one) Married /Separated/ Divorced/Deceased

Father's Name _____ Age _____ Occupation _____

Mother's Name _____ Age _____ Occupation _____

Parent's Alcohol/Drug/Health Issues _____

Number of year's parents attended school: Father? _____ Mother? _____

Names and ages of siblings: (Please indicate if they are step or half brothers/sisters)

Brothers _____

Sisters _____

Any Health/Depression/Drug/Alc Issues With Brothers/Sisters?: _____

Are you adopted? Yes/ No. Are any of your siblings adopted? Yes / No How would you describe your relationship with your parents?

Marital History

Are you: (Circle one) Single Engaged Married Separated Divorced Remarried Living-With-Someone

Spouse's Name _____ Age _____ Occupation _____

Year Married _____ Number of year's married _____

Names and ages of children: _____

Previous Spouse's Name _____ *Age* _____ *# Yrs Married* _____

Names and ages of children: _____

Psychological History

Have you sought counseling previously? Yes / No

For what reason? _____

If so, give the name of the therapist, date(s) and place(s):

Therapist _____ Place _____ Date _____

Health

Physician's Name _____ Address _____

Past significant illnesses/surgeries/accidents

Medications presently taking _____

Emergency Contact/Next of Kin

Name _____ Phone _____

Address _____

Relationship _____

Reason for services

Please describe your current reasons for requesting counseling. How have these problems affected your life and how do you want to change them?
