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Client Information

Full Name: _____

Date of Birth (DOB): _____ /_____ /_____ Age: _____ Sex: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Primary Email Address: _____

Preferred method of contact? ☐ Email ☐ Call my _____ phone ☐ Text my _____ phone

Marital Status:

☐ Single ☐ Dating ☐ Engaged ☐ Married ☐ Remarried ☐ Separated ☐ Divorced ☐ Widowed ☐ Cohabitating

If married, how long? _____ If separate/divorced, how long? _____

If married more than once, how many times? _____

Partner Information (*only if you are seeking premarital or marriage therapy*)

Partner's Name: _____ Wedding Date: _____

Date of Birth (DOB): _____ /_____ /_____ Age: _____ Sex: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Primary Email Address: _____

List all children (*living with you or not*) **and any other people living with you:**

Name	Relation	DOB	Living with you?	Parent

Helpful Information

I attend: ☐ Church ☐ Synagogue ☐ Temple ☐ Other: _____ ☐ Not applicable

Where: _____
Name City

Please list any addictions or *possible* addictions: _____

_____

Have you (or your partner) ever been involved in any type of therapy? ☐ Yes ☐ No

If yes, when? _____ Where? _____

Reasons: _____

Why did you stop? _____

Are you (or your partner) currently seeing another counselor/psychiatrist? ☐ Yes ☐ No

If yes, where? _____

Have you (or your partner) ever been diagnosed with a mental illness? ☐ Yes ☐ No

If yes, list diagnosis: _____ Hospitalized because of it? ☐ Yes ☐ No

Please check all of the following concerns that pertain to you or your family:

- ☐ Anxiety
- ☐ Depression
- ☐ Fears/Phobias
- ☐ Sexual problems
- ☐ Suicidal thoughts
- ☐ Abortion
- ☐ Separation/Divorce
- ☐ Relationships
- ☐ Parenting issues
- ☐ Finances
- ☐ Drug/Alcohol use
- ☐ Career choices
- ☐ Eating disorders
- ☐ Anger
- ☐ Self-control
- ☐ Unhappiness
- ☐ Abuse
- ☐ Child discipline
- ☐ Insomnia
- ☐ Religious matters
- ☐ Stress
- ☐ Health problems
- ☐ Self-mutilation
- ☐ Thought patterns
- ☐ Infertility
- ☐ Marital discord
- ☐ Adoption
- ☐ Other: _____

I have read the Notice of Privacy Practices and Policies and Procedures. Iagree to abide by the terms as indicated therein.

_____ _____
Signature Date

_____ _____
Signature Date