

**CONFIDENTIAL INFORMATION**

Today's Date \_\_\_\_\_ Referred By \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ OK to call? \_\_Y\_\_N Eve. Phone \_\_\_\_\_ OK to call? \_\_Y\_\_N

Marital Status: single \_\_\_ married \_\_\_ how long? \_\_\_ divorced \_\_\_ remarried \_\_\_

Spouse's name (if applicable): \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

Any children? \_\_\_\_\_ If yes, please list names and ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your work? \_\_\_\_\_ Average annual income: \_\_\_\_\_

Is spirituality/religion important to you? \_\_\_\_\_ If yes, briefly describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_ If yes, please list and for what purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Who is your doctor? \_\_\_\_\_ Phone \_\_\_\_\_ Last Physical? \_\_\_\_\_

In case of an emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How would you describe your health? \_\_\_\_\_

Have you received counseling before? \_\_\_\_\_ If yes, please describe when, for what purpose, and with whom: \_\_\_\_\_  
\_\_\_\_\_

Describe any recent changes and/or losses you have experienced in the past year: \_\_\_\_\_  
\_\_\_\_\_

How can counseling help you at this time? \_\_\_\_\_  
\_\_\_\_\_

What do you see as the problem or needed change? \_\_\_\_\_  
\_\_\_\_\_