



Date: _____

Adult Information

Name: _____ Age: _____ Birthdate: _____

Address: _____
Number Street Apt. # City Zip

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Female_ Male_ Social Security #: ____-____-____ Religious Preference: _____

Marital Status: Single___ Married___ Separated___ Divorced___ Widowed___

Occupation: _____ Employer: _____

Referred by: _____

Emergency Contact: _____ Relationship: _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Family History

Spouse's Name: _____ Age: _____ Birthdate: _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Occupation: _____ Employer: _____

Number of children: _____ Age of oldest: _____ Age of youngest: _____

Children and others living with you:

Name	Age	Relation

Are you currently under a physician's care? _____ If yes, who? _____

Reason? _____

Prescribed any medications? _____ If yes, what medications? _____

Have you been in counseling before? _____ If yes, with whom? _____

When and for what? _____

Results? _____

Please state in a few words your reason for seeing a counselor at this time.