

I. Please Fill Out: Each Person Participating in Therapy

NAME: _____ **DATE** _____

Date of birth: ____ / ____ / ____ Age _____

Home address: _____

City/state/zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Driver's license number: _____ State _____

How would you prefer we contact you? Home Phone Cell Phone Email

Employer (if adult) or School (if a minor): _____

Occupation (or grade): _____

Date of hire? _____ How long in this profession? _____

Work phone: _____ Soc. Sec. # _____ - _____ - _____

Marital status: Married Divorced Separated Widowed Single Minor Other

Spouse's name: _____ Spouse's Date of Birth ____ / ____ / ____ Anniversary ____ / ____ / ____

Children's names and ages (if client is a minor, list siblings names and ages)

_____ Age ____ Female Male _____ Age ____ Female Male

_____ Age ____ Female Male _____ Age ____ Female Male

_____ Age ____ Female Male _____ Age ____ Female Male

Emergency contact: _____

_____ _____
Phone number Relationship

Brief reason for seeking therapy

How were you referred?

- Counselor(Name)_____
- Law Enforcement-Courts (Name)_____
- Primary Care Physician (Dr. _____)
- Psychiatrist (Dr. _____)
- Hospital (Name) _____
- Friend _____
- Internet Search
- Other _____

Is your faith an important part of therapy? Yes No

If so, what is your religious affiliation, and what congregation do you attend?

Medications, dosages, prescribing doctor's name and phone:

Previous treatment, dates and therapist's name(s)

Any other information you think may benefit therapy

Primary care physician name and phone number:

PLEASE FILL IN THIS PAGE IF THE CLIENT IS A MINOR

Are you the biological parent of this minor? Yes No

Mother's name: _____ Primary Custodian? Yes No

Address (if different) : _____

City/state/zip: _____

Home/work/cell: _____

Place of employment: _____

Step-Father's Name: _____

Father's name: : _____ Primary Custodian? Yes No

Address (if different): _____

Home/work/cell _____

Place of employment _____

Step-Mother's Name: _____

If parents are divorced please explain the custody arrangement:

