



Today's Date _____ Person Completing Form _____

CLIENT INFORMATION

First, MI, Last Name _____ (M / F)

SS# _____ DOB _____

Current Address _____ City/St/Zip _____

Home Phone _____ Cell Phone _____

email _____

Work Status: (circle response) FT PT Temp. Unempl. Disabled Retired Other Student: FT PT

Employer _____ Address _____

Work Phone _____ Position _____

FAMILY INFORMATION

Marital Status: (circle response) Single Married Separated Div/Ann. Widowed Living w/ So

Present Marriage (Spouse) _____ Date _____ Place _____

If Terminated: How _____ Date _____ Place _____

Previous Marriages:

Number	To Whom	Date/Place/Terminated	Date/Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse/Significant Other Name _____

Address (if different) _____ City/St/Zip _____

Employer _____ Address _____

Work Phone _____ Position _____

Children (under 18):

Living with you? N / Y

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |



SPECIALIZING IN
INDIVIDUAL AND
FAMILY THERAPY

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
Address _____ City/St/Zip _____
Home Phone _____ Cell _____ Work _____

PARENTAL/GUARDIAN INFORMATION (if client is a minor)

First, MI, Last Name: _____
SS# _____ DOB _____
Address (if different) _____ City/St/Zip _____
Home Phone _____ Cell Phone _____
Employer _____ Position _____
Work Phone _____

Parent/Guardian Signature _____

BILLING INFORMATION

Insurance and Type _____ Policy Holder _____
Group # _____ Personal ID # _____
Billing Name _____
Billing Address _____