CANTERBURY COUNSELING CENTER

ADULT PERSONAL INFORMATION FORM

Client Name _____ **Sex** M F **Date of Birth** _____ **Age** _____ **Social Security #** _____

Address (Street, City, State, 9-digit Zip code) _____ **Marital Status (Circle one)**

_____ Single, Married, Separated, Divorced, Widowed, Partnered

Email Address _____ Home **Phone #** _____ **Cell Phone #** _____

Education (List Last Grade/Degree Completed _____ **Other career training** (military, vocational, clerical, etc.) _____

Name of Employer _____ **Occupation** _____ **Work Phone #** _____

Address (Street, City, Zip) _____

Number of people in your household: _____ **Total annual gross income for your household**: (for sliding scale applicants only)_____

How were you referred to our facility? Website – Y or N (Indicate an individual's, professional's or organization's name if applicable.):

_____

Who is financially responsible for payment? _____

Client's Physician's Name and Address **Date of last physical exam** **Any significant changes in weight or sleep habits?**

_____ _____ _____

_____ _____

List current medications: _____

_____

List any significant present or past illnesses or injuries:

_____

_____

Have you ever been treated/seen by a psychiatrist? Inpatient or Outpatient? If so, list name of physician, practice or hospital.

_____

Have you ever been treated/seen by a psychotherapist, counselor or a psychologist? If so, list name and licensure of provider.

_____

Identify any faith community affiliation? _____ **Level of participation (circle one) Regular Occasional Seldom None**

Describe any significant experiences and/or spiritual changes in your life. _____

_____

_____

_____

What are your goals or expectations for counseling? _____

_____

_____

***PLEASE COMPLETE BACK SIDE**

I was reared by: (circle those that apply)
Both Birth Parents Birth Mother Birth Father Foster Parents Adoptive Parents Step-Parent Other

If you circled "Other", please explain: _____

_____

Were your parents divorced? When? _____

Was your childhood home broken by the death of one or both of your parents while you were still at home? _____ **When?** _____

Was your parents' marriage: **Unhappy Average Happy Very Happy** **Are you parents presently living together?** **Yes No**

As a child, did you feel closer to your father or your mother? **Other significant relatives or caregivers? Please briefly explain**. _____

_____

_____

Rate your childhood life: **Very Happy Happy Average Unhappy**
Were there any events in your childhood that have profoundly impacted your adult life? _____

_____

_____

List your brothers and sisters in birth order, beginning with the oldest.

First Name	Living?	Sex	Age	Marital Status	Is the marriage happy, average, unhappy?

MARITAL - RELATIONSHIP HISTORY

If never married or partnered, check here and omit this section. ____

Name of Spouse **Age** **Occupation** **Phone No** **Religious Preference**

_____ _____ _____ _____ _____

Address (Street, City, State, Zip) if different than yours: _____

_____

How long did you know your spouse before marriage? _____ **Length of engagement or cohabitation**? _____ **Date of marriage**: _____

Have either of you ever filed for divorce or separated from each other? If so, when? _____

If necessary, is your spouse willing to come for counseling? _____

Have you had marriages other than the one listed above? If so, how many? _____**Date(s) of marriage(s)**_____

Were the marriages broken by divorce or death? Please give a brief explanation. _____

_____

List information about your children, beginning with the oldest. In the column titled "Other Information" please indicate any of the following as it applies:
Is this child from the marriage listed above? Write "current."
Is this child from a previous marriage? Write "previous."
Is this child an adoptive child or a step-child? Write "adoptive or step."

Name	Age	Sex	Last Grade/Degree Completed	Marital Status	Other Information