

CANTERBURY COUNSELING CENTER

ADULT PERSONAL INFORMATION FORM

Client Name _____ Sex _____ Date of Birth _____ Age _____
M F

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? _____

I was raised 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