

CANTERBURY COUNSELING CENTER

CLIENT ADULT PERSONAL INFORMATION FORM

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

Marital Status Single Married Separated Divorced Widowed Partnered

Address: Street _____ City _____ State _____ Zip (9 digit) _____

Email _____ Home Phone _____ Cell Phone _____

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

Name of Employer _____ Occupation _____ Work Phone _____

Address of Employer: Street _____ City _____ State _____ Zip _____

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

How were you referred to your facility? Referral (Indicate name of individual or organization here if applicable) _____

Website _____

Who is financial responsible for payment? _____

Client's Physician's Name and Address _____ Date of last physical exam _____ Any significant change 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? Yes No If yes: Inpatient Outpatient

If applicable, list name of physician, practice or hospital _____

Have you ever been treated/seen by a psychotherapist, counselor or psychologist? Yes No

If yes, list name and licensure of provider _____

List any faith community affiliation? _____ Level of participation Regular Occasional Seldom None

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

What are your goals or expectations for counseling?

I was raised by: check all that apply

Both birth parents Birth Mother Birth Father Foster Parents Adoptive Parents Step-Parent Other

If you checked other, please explain:

Were your parents divorced? Yes No If so, when? _____

Was your childhood home broken by the death of one or both of your parents while you were still at home? Yes No When? _____

Was your parents' marriage: Unhappy Average Happy Very Happy Are your 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 and omit this section

Spouse Name	Age	Occupation	Phone number	Religious Preferences
_____	_____	_____	_____	_____

Address if different than yours: Street _____ City _____ State _____ Zip _____

How long did you know your spouse before marriage? _____ Engagement/cohabitation length? _____

Date of Marriage: _____ Have either of you ever filed for divorce or separated from each other? Yes No

If so, when? _____ If necessary, is your spouse willing to come for counseling? Yes No

Have you had marriages other than the one listed above? Yes No If yes, how many? _____

Date(s) of marriage(s) _____ Were the marriages broken by divorce or death? 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? Check "current"
- Is this child from a previous marriage? Check "previous"
- Is this child an adoptive child or a step-child? Check "adoptive" or "step"

Name	Age	Sex	Last Grade/Degree Completed	Marital Status	Other
_____	_____	_____	_____	_____	Current ___ Previous ___ Adoptive ___ Step ___
_____	_____	_____	_____	_____	Current ___ Previous ___ Adoptive ___ Step ___
_____	_____	_____	_____	_____	Current ___ Previous ___ Adoptive ___ Step ___
_____	_____	_____	_____	_____	Current ___ Previous ___ Adoptive ___ Step ___