



Client Information

Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Email _____

Employer _____ How Long? _____ Work Phone _____

Date of Birth _____ Age _____ Marital Status: Single Married Divorced Separated Widowed

Date of Marriage (if applicable) _____ Date of Divorce (if applicable) _____

Previous Marriage(s) _____

Spouse/Partner's Name: _____ Date of Birth _____ Age _____

Spouse/Partner's Employer _____

Religious Affiliation: _____

Children (Name)	Age	Living where/with whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others Persons In Household

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

When leaving a message for you on the phone, how should we identify ourselves? _____

Preferred Contact Phone: _____ Home _____ Cell _____ Work

In Case of Emergency Notify: _____ Phone: _____

Relationship: _____

For Office Use

Intake Date _____ File # _____

Termination Date _____ Fee _____

Referred by _____ Individual Couple Family Group