

CANTERBURY COUNSELING CENTER

CLIENT ADULT PERSONAL INFORMATION FORM

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

Marital Status (Circle one) 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 (Circle one) 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 reared by: (circle 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 here 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