

# CANTERBURY COUNSELING CENTER

## CLIENT ADULT PERSONAL INFORMATION FORM

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

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 reared 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"

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