



CLIENT INFORMATION FORM

GENERAL CONTACT INFORMATION

Name _____
Date of Birth _____ Age _____
Address _____

Spouse/Fiance/Other _____
Date of Birth _____ Age _____
Address _____

Circle any numbers where we can leave messages.

Home Phone _____
Cell Phone _____
Work Phone _____
E-mail _____

Home Phone _____
Cell Phone _____
Work Phone _____
E-mail _____

Occupation _____
Employer _____

Occupation _____
Employer _____

Current Status:

Single _____
Married _____ How Long? _____
Long? _____
Engaged _____ How Long? _____
Long? _____
Separated _____ How Long? _____
Long? _____
Widowed _____ How Long? _____
Long? _____

Current Status:

Single _____
Married _____ How _____
Engaged _____ How _____
Separated _____ How _____
Widowed _____ How _____

Previous Marriages & Years Married:

Previous Marriages & Years Married:

Children (List Names and Ages)

Children (List Names and Ages)

Church/Religious Preference

Church/Religious Preference

MEDICAL INFORMATION

Physicians _____

Medications (for him) _____

Medications (for her) _____

Past Medical Problems (for him) _____

Past Medical Problems (for her) _____

Current Medical Problems (for him) _____

Current Medical Problems (for her) _____

Previous Counseling No Yes If so, when and with whom? _____

COUNSELING GOALS

Current Goals for Counseling (for him) Describe what prompted you to seek counseling at this time and/or what do you hope will result? _____

Current Goals for Counseling (for her) Describe what prompted you to seek counseling at this time and/or what do you hope will result? _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ALL THAT APPLY)

- | | | | | |
|--------------------|--------------------------|----------------------------|--------------|-----------|
| Friend or Relative | Minister | Other Client | CRC Website | Physician |
| WinShape | Intimate Life Ministries | Focus on the Family Church | Publicity | AMFM |
| Radio | Committed.net | Internet Search | Other: _____ | |

Client Signature

Date

Client Signature

Date