



### Client Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

#### Contact information

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we contact you at this number for reminder calls?  yes  no

May we leave messages for you at this phone number?  yes  no

Emergency Contact: \_\_\_\_\_  
Name & Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Identifying Information:

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Family Information

Client:  child/adolescent  single  engaged  married  separated  divorced  widowed

Spouse: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

Others living in the home: \_\_\_\_\_

How did you hear about Jay? \_\_\_\_\_

Have you ever been to counseling before? \_\_\_\_\_ How long ago? \_\_\_\_\_

What type of counseling? \_\_\_\_\_ With whom? \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Current Medical Problems: \_\_\_\_\_

Current medication: \_\_\_\_\_

#### Spiritual Information:

Do you have a personal relationship with Jesus?  yes  no

If yes, for how long? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

#### Initial Below

Client(s) \_\_\_\_\_

Jay \_\_\_\_\_

Date \_\_\_\_\_