

Personal Information Form

Please bring this completed form with you at the time of our first meeting or return by email.

Name _____ Date _____

Address _____

Telephone (home) _____ (cell) _____ (work) _____

Email _____

Date of Birth _____ Age _____

Referred by _____

Education – please circle the highest level completed.

Grade School – High School

College

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 +

Occupation

Employer _____ Position _____

Length of employment at above _____

Family

Marital Status _____ (single, married, living together, separated,
divorced, widowed)

If married or living together, how long? _____ Partner's name _____

Partner's occupation _____ Employer _____

If separated, divorced, or widowed, when? _____

Do you have children? Yes No

If yes, please list their names, ages, and whether or not they reside with you.

Name

Age

Reside with you?

Over

Present Medical Status

Are you currently being treated for any illness or condition? If yes, please explain.

Please list any physicians you are currently seeing.

Are you taking any medication (including over the counter)? Yes No

If yes, please list the medication name, dosage, and prescribing physician.

Medication

Dosage

Physician

Have you ever consulted a counselor/therapist before? Yes No

If yes, please list the names of those consulted and the approximate dates.

Therapist

Dates

Please use the remainder of this page to describe the reason (s) you have sought counseling/therapy at this time.