

**CONFIDENTIAL  
INFORMATION SHEET**

**Personal Information (Please fill out this section completely)**

Today's Date \_\_\_\_\_  
(Last) (M) (First)

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Ph: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List Name and Ages of Children: \_\_\_\_\_  
\_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Address( If Different from above) \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB/Age \_\_\_\_\_

Name of Employer and Address: \_\_\_\_\_

**If Client is a Minor:**

Parents Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/ Zip: \_\_\_\_\_

If client is a minor under the age of 18 and parents are divorced, please list name of parent that has legal custody: \_\_\_\_\_

If parents have joint custody, please provide a copy of custody agreement or decree.

Legal Guardian: \_\_\_\_\_  
(If different from parent) Name Relationship Phone #

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

**In Case of Emergency:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City /St/ Zip \_\_\_\_\_

I was referred by: \_\_\_\_\_

What Church do you Attend/Serve? \_\_\_\_\_

Please list all medications you are taking at this time: \_\_\_\_\_

Do you now use drugs or alcohol? \_\_\_\_\_ Never \_\_\_\_\_ Seldom \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_

Describe briefly the problem or situation that has caused you to seek counseling? \_\_\_\_\_

Have you ever had counseling before? \_\_\_\_\_ With Whom? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ If so, When? \_\_\_\_\_