

**For Women's Sake  
Counseling Client Information Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Preferred email: \_\_\_\_\_

If there is an emergency and **we** must cancel, where should we call you? \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: (please circle) Single Married Separated Divorced Widowed Living Together

If married, please indicate: (please circle) 1<sup>st</sup> marriage 2<sup>nd</sup> marriage 3<sup>rd</sup> marriage

Church affiliation, if any: \_\_\_\_\_

People currently residing in your household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for seeking counseling: \_\_\_\_\_

Have you been in counseling before? If so, when and for what purpose? \_\_\_\_\_

Any mental health diagnoses we should be aware of? \_\_\_\_\_

Current medications you are taking: \_\_\_\_\_

**Client or Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: A separate form should be completed by each individual for couples or family therapy.*