

**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) 1st marriage 2nd marriage 3rd 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.