



Name _____ Date of Birth: ____/____/____ Age _____
 Address _____ City _____ ST. _____ ZIP _____
 How long at your current address _____ Home Phone: _____ Cell# _____
 WK # _____ E-mail _____ Marital Status _____
 SS number: __xxx__xx- _____ Pregnant? ____ Due Date: _____ Ages of Children: _____

Please mark any of the following problems you are currently experiencing:

Financial Business/work Marital/partner Drug/Alcohol Medical Family Legal
 Problems w/children Eating Disorder Social Skills Physical Abuse Anxiety/stress
 Other _____

Please describe in your own words why you are here: _____

Please check all that apply: Black/African-American Native American Hispanic Asian Mixed Caucasian
 Other _____

Religious Preference: Protestant Catholic Jewish Muslim Other None

Disability: None Visual Hearing Speech Mobility Mental Other Disability
 Cognitively Disabled Declined to State Unable to Answer

Who referred you to my office: _____

Reason for referral _____

May I contact them for the sole purpose of thanking them for the referral? Yes _____ No _____

Signature: _____ Date: _____

Employment Information

Employer _____ Occupation _____ How long employed w/current employer _____

Address _____ EAP Contact _____ Phone# _____

Legal Information

Court: _____ Cause# _____ Judge _____

Next Court Date: _____ Attorney: _____

By signing this document I am attesting that everything herein is true and correct.

Client Signature

Date