

Children:	Name	Sex	Age	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Previous marriages: Please list dates of marriages, dates terminated, children from previous marriages, and describe how the marriage was terminated:

Were parents separated or divorced? _____

Please list siblings in order of age, from oldest to youngest, including yourself:

What is the general condition of your health? _____

Please list all medication you are currently taking:

Previous counseling/psychotherapy:

Date	Therapist/Agency	Reason for termination
_____	_____	_____
_____	_____	_____

Are you a church member? _____ If so, what is the name of your church? _____

In your own words, please describe your reasons for seeking counseling and any goals you may have:
