Client Information

Date:	
Name:	
Address:	
Street	City Zip
Home phone:	Cel phone:
Messages OK? Email:	
Occupation:	Date of birth:
Place of employment:	Work phone:
School (if student)	Gross annual family income: \$
Who referred you to Trisha?	
Education: GED High school graduate Technical or professional education Some college College graduate Postgraduate degree	
Marital status:SingleEngaged (How long? Married (How long? Separated (How long? Divorced (When?))

Children:	Name	Sex	Age	Grade
•				
2				
4				
Previous marriag	es: Please list dates of	marriages dates t	terminated childre	en from previous
	escribe how the marriag			on nom providus
Were parents sep	parated or divorced?			
Dlassa list sihlina	s in order of age, from (aldast to volundast	including vourse	lf.
	_			
What is the gener	ral condition of your hea	alth?		
Diagon list all ma	diantian valuara aurrant	lu takina.		
	dication you are current			
Previous counsel	ing/psychotherapy:			
		-1/4	D (-	. 1
Date	I nerapi	st/Agency	Reason to	r termination
Are you a church	member?	If so, what is the n	ame of your churc	ch?
In your own word	s planca describe vour	roscons for sockir	aa councolina and	Lany goals you may
in your own word have:	s, please describe your	reasons for seekir	ig counseling and	rany goais you may