

# Confidential Client Registration

Date: \_\_\_\_\_

## First Spouse

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

**Circle the preferred contact method above**

Occupation: \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Relational Status (circle one):

Single      Married      Widowed      Divorced      Separated      Engaged

If married: How long \_\_\_\_\_ Spouse's name: \_\_\_\_\_ Wedding Date \_\_\_\_\_

If previously married: How long \_\_\_\_\_ When ended? \_\_\_\_\_ How ended? \_\_\_\_\_

Children:	Names	Ages	Yours, Mine or Ours?
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Any Additional children can be listed on the back

Are you currently under medical care? \_\_\_\_\_ If yes, please indicate reason \_\_\_\_\_

Do you take any prescription medications? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Other significant medical history \_\_\_\_\_

\_\_\_\_\_

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Have you seen a mental health professional previously? \_\_\_\_\_

1) If yes, approximate start and ending dates: (start) \_\_\_\_\_ (end) \_\_\_\_\_

2) How was it helpful? \_\_\_\_\_

3) Was any part of it not helpful? \_\_\_\_\_

4) Why are you seeking counseling at this time? \_\_\_\_\_

5) How do you hope counseling will help? \_\_\_\_\_

Spiritual history: Are you associated with any church or religious organization? \_\_\_\_\_

If so, which one \_\_\_\_\_ how long \_\_\_\_\_

On a scale from one (not very) to ten (extremely), how would you rate the importance of this association to your life? \_\_\_\_\_

On a scale from one (not at all) to ten (very important), how would you rate what part you want this area to play in your counseling? \_\_\_\_\_

Is there anything else you feel that is important for Mark to know? \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

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