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"Restoring Hurting People in a Painful World"

Rev. Don Smith, President

## CLIENT INFORMATION FORM

*The following information is designed to assist me in becoming better acquainted with you and in providing the help you need. All information is confidential and will be kept in your file. No individual or institution will be contacted without your prior approval.*

### GENERAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

*Home*

*Work*

*Cell*

*Email*

May I contact you at your work number if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer/School \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Church Name \_\_\_\_\_

Minister's Name \_\_\_\_\_ Phone # \_\_\_\_\_

*In the event that I would need to contact you but would be unable to do so, please list the names and phone numbers of two relatives you grant me permission to contact:*

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

List number of years:

### PRESENT MARITAL/FAMILY STATUS

\_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single

Have you been married before? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Spouse's Name \_\_\_\_\_ and Occupation \_\_\_\_\_

Names and Ages of Children \_\_\_\_\_

\_\_\_\_\_

**CLIENT INFORMATION**

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**PAST FAMILY HISTORY**

Father's Name \_\_\_\_\_ and Occupation \_\_\_\_\_ Age \_\_\_\_\_

Stepfather \_\_\_\_\_ and Occupation \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ and Occupation \_\_\_\_\_ Age \_\_\_\_\_

Stepmother \_\_\_\_\_ and Occupation \_\_\_\_\_ Age \_\_\_\_\_

Brothers and Sisters Names and Ages \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

Are you currently taking medication? \_\_\_\_\_ Prescriptions \_\_\_\_\_

\_\_\_\_\_

Reason for medication \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Family Physician \_\_\_\_\_

**COUNSELING HISTORY**

Have you ever been in counseling before? \_\_\_\_\_ When ? \_\_\_\_\_ For how long? \_\_\_\_\_

Who did you see for counseling? \_\_\_\_\_

Reason(s) for counseling *then*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you seeking counseling *now*? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you to me? \_\_\_\_\_

\_\_\_\_\_  
Client Signature