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CLIENT INFORMATION FORM - PARENTS

PARENTS – please fill this out together. This information will help me understand your history and your concerns so that we can focus your counseling sessions in an efficient way. All material is confidential and will not be released without your written request.

Parent 1 Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home/Cell #: _____ ☐ Message OK Work # _____ ☐ Message OK

Occupation: _____Employer/School: _____

E-mail Address: _____

BEST way to contact you? _____ Do you want to be on my email list for Resources? _____

Parent 2 Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home/Cell #: _____ ☐ Message OK Work # _____ ☐ Message OK

Occupation: _____Employer/School: _____

E-mail Address: _____

BEST way to contact you? _____ Do you want to be on my email list for Resources? _____

Parent 1 - FAMILY OF ORIGIN – Your Parents & Siblings

Name	Age	Date of Birth	Relationship

Parent 2 - FAMILY OF ORIGIN – Your Parents & Siblings

Name	Age	Date of Birth	Relationship

CHILDREN:

Name	Date of Birth	Age

Please indicate with your initials any of the following either of you have experienced in the LAST YEAR:

__ Death of spouse/partner
__ Death of a family member
__ Death of a close friend
__ Change in employment
__ Job change for spouse/partner
__ Started or finished school
__ Marriage or new partnership
__ Separation or Divorce
__ New family member
__ Family member left home
__ Moved residence
__ Sexual difficulties
__ Pregnancy/Birth
__ Medical condition/issues
__ Serious illness of family member
__ Change in financial situation
__ Legal problems
__ Other: _____

Please indicate any of the following either of you have experienced in the LAST TWO MONTHS:

__ Tension or stress
__ Unable to relax
__ Anxious or fearful
__ Excessive use of alcohol or drugs
__ Sleep difficulties
__ Nightmares
__ Conflict within family
__ Frequently worried
__ Ready to explode
__ Irritable
__ Unable to have a good time
__ Lack of self-confidence
__ Panicky feelings
__ Conflict with friends
__ Depressed
__ Thoughts of suicide or death
__ Feeling worthless
__ Trouble concentrating
__ Can't make decisions
__ Impulsive behavior
__ Unable to work/study well

Further Explanation of anything above:

_____

_____

Are any of your children adopted or have additional birth parents?

_____

_____

Which child or children are you worried about and how long has this been going on?

_____

_____

_____

Describe the behaviors that are causing difficulties:

_____

_____

_____

What have you tried to do so far? How has this worked or not? _____

_____

_____

_____

Are you in agreement about how to handle the issues or are there differences of opinion?

_____

_____

Describe the outcome you would like:

_____

_____

_____

Anything else that would be helpful for me to know? _____

_____

_____

_____

_____

_____

[Feel free to add additional pages if necessary.]

_____