

(Please Print)

DATE:		CLIENT INFORMATION			
Client's Name (Last, First):		Current Relationship: Single <input type="checkbox"/> ; Dating <input type="checkbox"/> ; Engaged <input type="checkbox"/> ; Married <input type="checkbox"/> ; Living Together/Dom. Partners <input type="checkbox"/> ; Separated <input type="checkbox"/> ; Divorced <input type="checkbox"/> ; Widowed <input type="checkbox"/>			
Birth date:	Age:	Your Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female, <input type="checkbox"/> Other, Please specify		Your Partner's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female, <input type="checkbox"/> Other, Please specify	
Street address:		Home phone :		Cell phone:	
P.O. Box:		City:		State: ZIP Code:	
Occupation:		Employer:		Work phone:	
Email Address:					
Partner's Name (Last, First):					
Have you been in counseling before?				If yes, where?	
Referred by:					
ADDITIONAL INFORMATION					
CHILDREN INFORMATION		MALE		FEMALE	
Ages of Children from Current Relationship					
Ages of Children from Previous Relationship(s)					
Others in Home: Parent/In-Law <input type="checkbox"/> , Grandparent <input type="checkbox"/> , Grandchild <input type="checkbox"/> , Other Family <input type="checkbox"/> , Non-Family <input type="checkbox"/>					
WORK STATUS Disabled <input type="checkbox"/> , Employed FT <input type="checkbox"/> , Employed PT <input type="checkbox"/> , Unemployed <input type="checkbox"/> , Homemaker <input type="checkbox"/> , Retired <input type="checkbox"/> , Self-Employed <input type="checkbox"/> , Student <input type="checkbox"/>		OCCUPATION You: Your Partner:		YEARLY INCOME You: Your Partner:	
VETERAN: You? Partner?					
HIGHEST EDUCATION - Elementary, High School/GED, Some College, College graduate, Technical School, Post Graduate You: Your Partner:					
RELIGION/SPIRITUAL PRACTICE – Agnostic/Atheist, Buddhist, Catholic, Hindu, Muslim, Jewish, Protestant, Non-Religious/Secular, Other, please specify You: Your Partner:					
RACE – African American/Black, American Indian/Alaska Native, Asian/Asian American, Native Hawaiian/Pacific Rim, Caucasian/White, Hispanic/Latino, Multiracial, Other, please specify You: Your Partner:					
SEXUAL ORIENTATION – Heterosexual, Gay, Lesbian, Bisexual, Questioning, Other You: Your Partner:					
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.					
Client/Guardian signature				Date	