

Nancy L. Scott, MA LMFT
Individual, Couple, & Family Counseling
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Client Information

Date _____

IDENTIFYING INFORMATION:

(Please Print Clearly)

Your Name _____

Residence or mailing address _____

_____ Zip _____

E-mail address: _____

Telephone (Home) _____ Is it OK for me to phone you?
(Home) YES NO
(Work) _____ (Work) YES NO

Name and phone number of nearest relative or close friend you want me to contact if there is an emergency situation:

Your birth date _____ Birthplace _____

Referred by: _____

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PERSONAL INFORMATION:

Marital Status: Single *Married *Separated *Divorced *Widowed

*Since what date (month and year?) _____

If married, this is (circle one) 1st. 2nd or _____ Marriage

Name of spouse, If married: _____

First names and ages of children, if any: _____

Education: Student? YES NO Have completed _____ grade

Highest degree attained, if any, and major: _____

Occupation: _____

Description of current occupation _____

Description of satisfaction/dissatisfaction with occupation _____

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MEDICAL INFORMATION:

Name and phone number of your medical doctor _____

Present chronic or acute illnesses _____

Date of last complete physical _____

Have you recently been, or are you now taking medication? YES NO

If "YES", what medicine(s) and for what illness or problem? _____

Have you received professional counseling within the last five years? YES NO

If "YES", by whom and for what problem(s)? _____

Please describe briefly the major concern or situation that resulted in your coming to counseling:

Please describe briefly the goals you have for counseling _____

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FAMILY OF ORIGIN INFORMATION:

Father's full name _____ Age _____

Mother's full name _____ Age _____

Father's occupation _____

Mother's occupation _____

Describe your father _____

Describe your relationship with your father _____

Describe your mother _____

Describe your relationship with your mother _____

Describe your parents' relationship _____

List names and ages of siblings

_____	_____
_____	_____
_____	_____

Describe your relationship with each of your siblings. _____

Describe anything else about you or your family that you would like me to know.
