

ADOLESCENT & FAMILY COUNSELING CENTER, LLC

The Republic Building
350 South Main Street (Suite 23)
Cheshire, CT 06410
(203) 271-1234

At Psychological Health Associates
70 North Street (Suite 205)
Danbury, CT 06810
(203) 790-1234

CLIENT INFORMATION FORM

Thank you for choosing to come to us at the Adolescent & Family Counseling Center, where we have been "Helping You Solve Life's Problems!" since 1980. So we can better understand you and your needs, please complete this information carefully, writing or printing clearly. This will assist us to provide you with the most helpful and effective professional services.

(A) CLIENT / PERSONAL INFORMATION

Date: ___ / ___ / 20__

Client: First _____ Middle _____ Last _____

Prefers to be called: _____ Salutation: Mr__ Mrs__ Ms__ Dr__ Other _____

Address: _____ City/Town: _____ St _____ Zip: _____

HomePhone: (____) _____ - _____ CellPhone: (____) _____ - _____

Date of Birth: ___ / ___ / ___ Birthplace: _____ Religion: _____

Gender: M__ F__ Race: _____ Height: ___' ___" Weight: _____

Marital Status: S__ Mar__ Div__ Separ__ Wid__ LifePartner__ Other _____

Education: Completed/current _____ At: _____

Employment: Occupation: _____ SSN: _____

Employer: _____ Address: _____ WkPhone: _____

(B) REFERRAL & MEDICAL INFORMATION

(1) Why have you come to the Center? How can we assist you? _____

(2) My/Our referral to the A&FCC was made by:

Name: _____ Address: _____ Phone: _____

(3) Previous counseling/therapy experiences? Year: _____ Length: _____

Name: _____ Address: _____ Phone: _____

(4) My Primary Care Physician is:

Name: _____ Address: _____ Phone: _____

(5) Medical information which may be important for therapist to know: _____

ADOLESCENT & FAMILY COUNSELING CENTER, LLC

CLIENT INFORMATION FORM on Client: _____

(C) FAMILY INFORMATION

(1) **Family of Origin/Birth**

Parents: Name Age Education Occupation (latest)

Marriage Status: Unmarried__ Married__ Separated__ Divorced__ (When? _____)
If parents are not living, at what age(s) and cause(s) of death?

Siblings: List brothers and sisters (including yourself) from oldest to youngest:
Name Age Education Living home? Where?

1 _____
2 _____
3 _____
4 _____
5 _____

Additional Family of Origin information which may be helpful/important:

(2) **Family of Marriage/Procreation** (If "None", Check here ___ & skip this section)

Male/Husband/Partner

Female/Wife/Partner

Mar__ Separ__ Div__ When? _____) Unmar__ Mar/Union date: __/__/__ #Yrs together: __

Children: Name Age Education Living home? Where?

Additional Family of Marriage/Procreation information which may be helpful/important:

ADOLESCENT & FAMILY COUNSELING CENTER, LLC
CLIENT INFORMATION FORM on Client: _____

(D) FINANCIAL INFORMATION

Person responsible for Payments (If "Client", Check here ___ and skip section)

Name: First _____ Middle _____ Last _____

Address: _____ City/Town: _____ St _____ Zip: _____

HomePhone: (____) _____ - _____ CellPhone: (____) _____ - _____

Date of Birth: __/__/____ Relationship to Client: _____

Employer: _____ Address: _____ How long? _____

WkPhone: _____ Job Position: _____ SocSec#: ____ - ____ - ____

(E) INSURANCE INFORMATION

Insured's Name: First _____ Middle _____ Last _____

Date of Birth: __/__/____ Relationship to Client: _____

Address: _____ City/Town: _____ St _____ Zip: _____

Insurance Company: _____

Address: _____ City/Town: _____ St _____ Zip: _____

Policy#: _____ Group: _____ Subscriber#: _____

**Thank you for completing this Client Information Form and assisting us in
"Helping You solve Life's Problems!" (sm)**