

**ADULT CLIENT INFORMATION SUMMARY**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Education (1-12): \_\_\_\_\_ Where: \_\_\_\_\_

College (# of years): \_\_\_\_\_ Degree: \_\_\_\_\_ Where: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If Married, When: \_\_\_\_\_

Children: \_\_\_\_\_  
(Name; gender; DOB) (Name; gender; DOB)

Other Persons Residing in Household: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(Name; relationship; Phone number)

SPOUSAL/PARTNER INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education (1-12): \_\_\_\_\_ Where: \_\_\_\_\_

College (# of years): \_\_\_\_\_ Degree: \_\_\_\_\_ Where: \_\_\_\_\_

Family Annual Income: \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_  
\_\_\_\_\_

REFERRAL INFORMATION

Referred by: \_\_\_\_\_

Previous Counseling: \_\_\_\_\_