Today's Date: _____

CLIENT REGISTRATION FORM AND PERSONAL HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: _____

_____

Phone: H) _____ W) _____ C) _____ Other) _____

I prefer to be called at (please check all that apply): ___ home ___ work ___ cell ___other

I may also be contacted by e-mail. E-MAIL ADDRESS:

Occupation: _____ spouse/partner's occupation: _____

CHILDREN

Name	Age	Currently lives with: Mother	Father	Both
_____	_____	____	____	____
_____	_____	____	____	____
_____	_____	____	____	____
_____	_____	____	____	____

CURRENT RELATIONSHIP CIRCUMSTANCES

Name of spouse/partner: _____ Date of Birth: _____

Number of Years in Relationship: _____
Currently Separated? Yes / No
Date of Separation: _____

If applicable:
Date of Marriage: _____
Filed for Divorce? Yes / No

How did you hear about this service?

_____

What are your primary goals or objectives if this process is successful?

_____

_____

_____

_____

RELATIONSHIP CONCERNS

Please check all that apply:

___ Recently had difficulty communicating
___ Always had difficulty communicating
___ Differences in interests
___ Differences in education level
___ Differences in ethnic or racial background
___ Differences in expectations about marriage
___ Differences in expectations about family life
___ Differences in parenting styles
___ Changes in lifestyles / values
___ Lacked love for one another
___ Verbal Abuse
___ Bored
___ Sexual difficulties
___ In love with another person
___ Financial problems
___ Unfaithful / infidelity
___ Abuse or neglect of children
___ Job or school commitment
___ Suspiciousness / jealousy
___ Neglect of home
___ Trouble with in-law
___ Drinking
___ Drug use
___ Physical Abuse
___ Depression
___ Sexual abuse
Other (explain) _____

Additional Comments / Explanations: _____
_____
_____

PERSONAL CONCERNS

Major life events and / or changes that occurred, or continue to affect you, in the last twelve months:

Please check all that apply:

Self	**Partner**	
____	____	Started school or training program
____	____	Graduated from school or training program
____	____	Entered job market
____	____	Changed job
____	____	Lost job
____	____	Moved residence
____	____	Financial problems
____	____	Increased financial responsibility
____	____	Legal problems
____	____	Arrested and / or jailed
____	____	Separation or divorce of friend or relative
____	____	Physical / mental health problems
____	____	Became caregiver for family member
____	____	Alcohol or illegal / over the counter drug problems

PERSONAL CONCERNS (cont.)

Self **Partner**

____ ____ Chemical dependency treatment
____ ____ Psychotherapy
____ ____ New medications
____ ____ Significant weight gain / loss
____ ____ Nanny, au pair or aging parent joined the house
____ ____ Nanny, au pair or aging parent left the house
____ ____ Death of close family/friend
____ ____ Death of a family pet
____ ____ Pregnancy
____ ____ Miscarriage
____ ____ Abortion
____ ____ Fertility problems
____ ____ Changes in childcare
____ ____ Children experiencing problems at school
____ ____ Onset of menopause
____ ____ Mid-life crisis
____ ____ Victim of a crime
____ ____ Auto accident
____ ____ Undertaken major new expenses
____ ____ Natural disaster

Other (explain) _____

Additional comments / explanations: _____
_____
_____
_____
_____

HEALTH HISTORY

Please describe any mental health or physical illnesses, significant health problems, serious accidents or other health concerns that affect you now or have for an extended period of time.

Physical health _____
Illness _____
Accidents / injuries _____
Medications _____

Mental health _____
Individual therapy _____
Couples therapy _____
Family Therapy _____
Medications _____

Drug / Alcohol _____
Your concerns _____
Others' expressed concerns _____

STRENGTHS AND SUPPORT

Please describe your and your family's strengths _____
_____
_____

Current sources of support

___ Friends
___ Family
___ Pets
___ Neighbors
___ Co-workers
___ Religion or spiritual practice
___ Therapist / counselor
___ Attorney
Other _____

What are your hopes for the future? _____
_____
_____
_____

Beyond the information listed here, what else do you feel is important to know about you and your current situation? _____
_____
_____
_____