

Information Form

Today's Date: _____

A. Identification

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Please indicate any phone restrictions: _____

B. Current Relationship status:

- Married
- Single
- Widowed
- Separated
- Divorced
- Long term relationship

How do you get along with your current spouse or partner? _____

C. Marital / Significant Other Relationship History

Age at onset	Duration involved	Married / Co-Habitated	Reason for ending
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Children (indicated which are from a previous marriage or relationship by checking the letter P)

Name	Current age	Gender	School	Grade	Concerns?
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

E. Current Employment status:

- Employed: FT / PT
- Student
- Unemployed
- Other _____

F. Education History

Dates	School	Adjustment to school	Did you graduate?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

