

CROSSROADS

COUNSELING AND CONSULTATION

Confidential Information Form

For Office Use Only
Client No.: _____
DX: _____

Today's Date: ___/___/___

Client Information

First Name: _____ MI: ___	SS Number: ___-___-___	Check # you wish to be contacted by:
Last Name: _____	Birth Date: ___/___/___	Home Phone: (____) ___-____ <input type="checkbox"/>
Address: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Work Phone: (____) ___-____ <input type="checkbox"/>
City, St., Zip: _____		Cell Phone: (____) ___-____ <input type="checkbox"/>
E-mail: _____	Referring Source: _____	Fax: (____) ___-____
Employer: _____	Address: _____	
Highest Education Completed: _____	Religious Preference: _____	Church: _____
Current marital Status: (check one) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Additional Responsible Parties (Father, Mother, Spouse, Guardian, etc.) (Please indicate if step-parent)

First Name: _____ MI: ___	Home Phone: (____) ___-____	SS Number: ___-___-___
Last Name: _____	Work Phone: (____) ___-____	Birth Date: ___/___/___
Address: _____	Fax: (____) ___-____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, St., Zip: _____	E-mail: _____	
Employer: _____	Relationship to Client: _____	
Highest Education Completed: _____	Religious Preference: _____	Church: _____
Current marital Status: (check one) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Additional Responsible Parties (Father, Mother, Spouse, Guardian, etc.) (Please indicate if step-parent)

First Name: _____ MI: ___	Home Phone: (____) ___-____	SS Number: ___-___-___
Last Name: _____	Work Phone: (____) ___-____	Birth Date: ___/___/___
Address: _____	Fax: (____) ___-____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, St., Zip: _____	E-mail: _____	
Employer: _____	Relationship to Client: _____	
Highest Education Completed: _____	Religious Preference: _____	Church: _____
Current marital Status: (check one) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Anyone else living in the home?

Name	Relationship	Sex	Age	Education	Occupation