

COMPASSIONATE COUNSELING SERVICES

Today's Date: ___/___/___

Confidential Information Form

Client Information

| | | | |
|--|------------------------------------|--|---|
| First Name: _____ | MI: _____ | SS Number: ___-___-_____ | Check # you wish to be contacted by: |
| Last Name: _____ | Birth Date: ___/___/___ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Home Phone: (____) ___-_____ <input type="checkbox"/> |
| Address: _____ | City, St., Zip: _____ | E-mail: _____ | Work Phone: (____) ___-_____ <input type="checkbox"/> |
| Employer: _____ | Highest Education Completed: _____ | Church: _____ | Cell Phone: (____) ___-_____ <input type="checkbox"/> |
| Referring Source: _____ | Address: _____ | Religious Preference: _____ | Fax: (____) ___-_____ <input type="checkbox"/> |
| Current marital Status: <i>(check one)</i> <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: ___/___/___ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: _____ | City, St., Zip: _____ | Relationship to Client: _____ | Fax: (____) ___-_____ |
| Employer: _____ | Highest Education Completed: _____ | Church: _____ | E-mail: _____ |
| Address: _____ | Religious Preference: _____ | Current marital Status: <i>(check one)</i> <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: ___/___/___ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: _____ | City, St., Zip: _____ | Relationship to Client: _____ | Fax: (____) ___-_____ |
| Employer: _____ | Highest Education Completed: _____ | Church: _____ | E-mail: _____ |
| Address: _____ | Religious Preference: _____ | Current marital Status: <i>(check one)</i> <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 |
|------|--------------|-----|-----|-----------|------------|
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