

# Marriage & Family Counseling Services

## Client Data Information Form

PRINT CLEARLY

Client \_\_\_\_\_  
First names Middle Name(s) Last Name

Address \_\_\_\_\_  
Building Number Street and Area P.O. Box

Home Phone \_\_\_\_\_ Cell Phone/WhatsApp \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_ Date of Remarriage \_\_\_\_\_  
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

**Social Status:** (Tick "√" all relevant ones)

- Married  Single  Divorced  Widowed  
 Partnered\*\*  Separated  2<sup>nd</sup> Marriage  2<sup>nd</sup> Divorce  
 Engaged  Courting  Divorce Pending

\*\* *Living together and not married or living together with same sex individual*

**Sexual Orientation:**  Heterosexual  Lesbian  Homosexual  Bi-sexual  Prefer not to answer

**Religious Involvement:** (Tick "√" all relevant ones)

- Attend church regularly  God has special meaning in my life  Agnostic or Atheist  
 Not interested in religion  Christian without church attendance  Believe another religion

**Occupational Status:** (Tick "√" all relevant ones)

- Employed  Unemployed  Underemployed  Self-employed  
 Student  Homemaker  Unable to work  Homemaker

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

**Education** (Tick "√" only the highest level obtained)

- Completed High School  Did not complete High School  Technical School  
 College Degree  Not completed college  Graduate degree or above (MA to PhD)

**Your Children:** (Write figure in all relevant areas)

- Total number of children you have  Number of these children with your present partner  
 Number of these children under 12  Number of these children with other partner(s)  
 Number of these children 12-20  Number of children living with you  
 Number of these children above 21  Number of independent children (*self-supporting adults*)

**Attended Professional Counseling Before:**  Yes  No

**Current long-term medication** (*for example, medication for diabetes, hypertension, heart problem, depression, psychological disorder, etc.*) \_\_\_\_\_

**Referred to Marriage and Family Counseling Service by:**

- Online Search Engine  Goodtherapy.org  Bahamas Local  Yellow Pages  
 Friend  Family member  Self  Workplace  Judiciary  Other \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date