

Marriage & Family Counseling Services

Client Data Information Form

PRINT CLEARLY

Client _____
First names Middle Name(s) Wives write your maiden name Last Name

Address _____
House Number Street and Area/Subdivision P.O. Box

Home Phone _____ Cell Phone/WhatsApp _____ Work Phone _____

Email Address _____ Depositor's Name _____
Name of person or institution making online payment as it appears online.

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 Widow/Widower
 Partnered** Separated 2nd Marriage 2nd Divorce
 Engaged Courting Divorce Pending

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

Sexual Orientation: Heterosexual Lesbian Homosexual Bi-sexual Non-Binary _____

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 Believer of another religion

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

- Employed Self-employed Unemployed Retired Recently let go
 Student Homemaker Unable to work Homemaker Work from home

Occupation _____ Place of Employment _____

Education (Tick "√" all relevant ones)

- Completed High School Did not complete High School Technical School Certification
 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 EAP/Workplace Goodtherapy.org Bahamas Local
 Yellow Pages Friend Family Self Judiciary Other _____

Client's Signature _____

Therapist Signature _____

Date _____