

# Seasons of Life Counseling Services, PLLC

## Demographic Information

Please Note: A chart will be opened under One Client name or Family name.

Today's Date: \_\_\_\_\_

Name of Person filling out information: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

**Client Data:** (Please Print)

Legal Name: \_\_\_\_\_

Initial  
Last Name First Name Middle

( ) male ( ) female

Address: \_\_\_\_\_  
House and Street Apt. # City State Zip

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Ph # \_\_\_\_\_ Work/Cell# \_\_\_\_\_

Employer/School: \_\_\_\_\_

Email: \_\_\_\_\_

Race (optional): \_\_\_\_\_

**Education (highest grade /vocational certified /skill-training):**

\_\_\_\_\_

**Financial Status ( Circle one ): (Employed, Disability, Student, Unemployed, Retired or Other):** \_\_\_\_\_

**Marital Status (Please check below):**

- ( ) Single ( ) Married \_\_\_ how long? ( ) Separated \_\_\_ how long?  
( ) Divorced \_\_\_ # times? ( ) Widowed \_\_\_ how long?  
( ) Other \_\_\_\_\_

**Church Affiliation or Religious Preference** \_\_\_\_\_

**Spouse /or Custodial Parent /or Legal Guardian /or Non-Custodial Parent Data (circle):**

Name: \_\_\_\_\_

Last Name

First Name

( ) Male ( ) Female

Address: \_\_\_\_\_

—

House and Street

Apt. #

City

State

Zip

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Ph # \_\_\_\_\_ Work/Cell# \_\_\_\_\_

Employer/School: \_\_\_\_\_

Email: \_\_\_\_\_

Race (optional): \_\_\_\_\_

**Others Living in the Home:**

Include Name, Relationship to Client, Include Male/Female and Age

_____	_____
_____	_____
_____	_____

**Emergency Contact Information:**

Name: \_\_\_\_\_

Last Name

First Name

M.I.

Relationship to the Client

Address \_\_\_\_\_ Work/Cell# \_\_\_\_\_