



New Client Information

Client Information					
Husband Name:				Date of Birth:	Age:
Wife Name:				Date of Birth:	Age:
Address:					Yrs. Married:
City:			State:	ZIP Code:	
Home Phone:	Husb. Cell:		Wife Cell:		Fax:
Husband E-mail:				Wife E-mail:	
Chaperone:				Phone:	

Children					
Name	M/F	Age	Name	M/F	Age

Children Notes					

Husband Other Information				Wife Other Information			
Number of Marriages:				Number of Marriages:			
Marital Status (<i>enter X before</i>):		Single	Married	Separated	Divorced	Widowed	
If Married, how long?		If Separated, how long?		If Divorced, how long?		If Widowed, how long?	
Church Affiliation:		Yrs there?		Church Affiliation:		Yrs. There?	
Pastor's Name				Pastor's Name:			
Pastor's Phone:				Pastor's Phone:			
Describe Church Background:				Describe Church Background:			
Occupation:				Occupation:			
Education:				Education:			
Do you regularly use legal or illegal medication? Alcohol? (Y/N):				Do you regularly use legal or illegal medication? Alcohol? (Y/N):			
If yes, please describe:				If yes, please describe:			

Husband Other Information <i>Cont.</i>		Wife Other Information <i>Cont.</i>	
Describe Salvation Experience:		Describe Salvation Experience:	
Rate your current relationship with God (1-10):		Rate your current relationship with God (1-10):	
Describe your current relationship with God:		Describe your current relationship with God:	
Describe what you want to accomplish with counseling:		Describe what you want to accomplish with counseling:	
Husband's Personal Comments		Wife's Personal Comments	
By my signature below, I agree that I am committed to coming and working on my individual and marital issues. Also, I understand that it is required that we not bring other family members with us to this appointment.			

Husband's Signature

Date

Wife's Signature

Date