

TIFFANY IVEY, BCCC/CBLC

CONFIDENTIAL INFORMATION FORM

This form will enable us to gain a better understanding of you and it will become a part of your confidential file. Please answer each question as completely as possible. *Couples: Please fill out two forms, one for each person.*

Date: _____

Name _____ M _____ F _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip _____

Please prioritize the best way to reach you (Ex. 1, 2, 3) and indicate whether we may leave a message at each number (yes or no).

_____ Home Phone _____ Yes No

_____ Cell Phone _____ Yes No

_____ Work Phone _____ Yes No

Email _____

Occupation _____ Employer _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

How long? _____

If Married:

Spouse's Name _____ DOB _____ Age _____

This is your _____ marriage. This is your spouse's _____ marriage. (Indicate 1st, 2nd, 3rd, etc.)

Name and ages of any children: _____ Age _____

_____ Age _____

_____ Age _____

Where do you attend church? _____

Are you a member/regular attender there? Yes No

PRESENTING PROBLEMS

Please tell me, in your own words, the problems you are experiencing:

Please tell me what you would like to change or work on in counseling:

What have you already tried in an attempt to alleviate this issue?

How long has this been a significant issue for you? Please be specific (i.e. not "all my life").
