

NEW HORIZON COUNSELING CENTER
Adult Personal Information

Name _____ Date _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

E-mail _____ OK to contact? YES NO

Home Phone _____ OK to contact? YES NO

Cell Phone _____ OK to contact? YES NO

Date of Birth ____/____/____ Age ____ Gender: Male Female

Employer _____ Occupation _____

Number of different jobs in past 3 years: _____ Last Grade / School Completed _____

Social Security #: _____ - _____ - _____

Marital Status: Single Married Separated Divorced Widowed

If married, separated, divorced, or widowed, how long: _____

Name of Spouse/Partner _____ Date of Birth ____/____/____

Have Children: Yes No If yes, how many children? _____

Name of Children/Others in Household	Relationship	Date of Birth	Age	Lives with You?
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

Physician Name _____ Date of last physical: ____/____/____

Are you taking medication(s): Yes No If yes, what type? _____

Any health issues: _____

In Case of Emergency:

I authorize to contact _____ Relationship _____

Phone Number _____ Alternate Phone Number: _____

How did you hear about us? Friend/Family Our Website Psychology Today
 Goodtherapy.com Counsel-search.com Other _____