

70x7 Ministries
Bonnie C. Wetzel, MSW, LCSW

Individual, Marital, or Family Therapy

Client Information Form

Today's date: _____

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Home street address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home/Evening phone: _____ Email address: _____

Cell phone: _____ Work phone: _____

Preferred contact method: _____

B.. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter therapy with me, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ____ Yes ____ No

List all medications you are currently taking:
(use reverse of this page if necessary)

Medication:	Reason:
_____	_____
_____	_____
_____	_____
_____	_____

C. Your current employer:

Employer: _____ Address: _____

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D. Your education and training:

From:	To:	School:	Major:	Did you Graduate:	Degree:

E. Employment and military experiences:

From:	To:	Employer:	Job Title:	Reason for Leaving:

F. Family of Origin Information:

Relative:	Name:	Current Age (Date of death if deceased):	Highest Education Level:	Current Occupation:	Prior Occupation if recently changed:
Mother					
Father					
Step-Mom					
Step-Dad					
Brother(s)					

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Sister(s)					
Step-Brother(s)					
Step-Sister(s)					
Paternal Grandmother					
Paternal Grandmother					
Maternal Grandmother					
Maternal Grandmother					

G. Marital/relationship history

Spouse's Name:	Spouse's Age at Marriage:	Your Age at Marriage:	Date of End of Marriage:	Reason for Ending Marriage?:

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H. Significant non-marital relationships

Please list any relationships that you feel have or are currently influencing your life that are not marital relationships:

I.Children:

Name:	Age:	Gender:	Current Grade of School or Occupation:	Adjustment difficulties?	Indicate if Child is from a Previous marriage with "P":

J. Religion/ Faith:

Your Religious Affiliation:_____ Church you attend:_____

Do you consider your faith/religion meaningful in your life currently?_____

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K. Please describe the reasons for seeking counseling? State your goals of counseling:

L. Please state what you have done to solve the problems/issues you mentioned in K above:

M. Have you ever received counseling before? _____

If so, with whom, where, and how long ago? _____

What was helpful about it? _____

Unhelpful? _____

The fee for counseling services is \$100 per session. Most sessions are about 45-50 minutes. If you have any questions concerning my fees, qualifications, or other issues, please ask.

Please list your referral source: _____

Thank you for your trust. Please let me know if there is anything I can do to make your counseling experience more comfortable, pleasant and meaningful.