

Bowden & Associates Psychological and Counseling Services LLC
365 Riffel Road, Suite B Wooster, OH 44691
(330) 345-3461
CLIENT INFORMATION (ADULT)

Legal Name: _____ Date: _____
(First) (MI) (Last) (Maiden)

Goes by: _____

Address:

(Street Address) (Apt. #) (City) (State) (ZIP Code)

Telephone: _____
(Home) (Cell) (Work)

Date of Birth: _____ (Month/Day/Year) Age: _____

Social Security # _____

Marital Status: S _____ M _____ Separated _____ Divorced _____ Widowed _____

Sex/Gender: Female _____ Male _____ Other _____

Occupation: _____ Employer: _____

Employer's Address: _____

Are you disabled? _____ On disability income? _____

Military History? _____ Retired? _____

Highest Level of Education: _____ Religious Affiliation: _____

Spouse or Partners Name: _____

Their Date of Birth: _____ (Month/Day/Year)

Spouse or Partner's Occupation: _____

Their Employer: _____

Children's Names/DOB: _____

Problem for which you are now seeking assistance:

Referred by: _____

Previous Counseling/psychotherapy: Yes _____ No _____ If Yes, with whom? _____

Name and Address of Physician: _____

Current Medical Problems:

Current Medications: _____

Allergies: _____

Emergency contact name: _____ number: _____

Can we leave a message for you? Yes _____ No _____

Telephone # for messages: _____

E-Mail address: _____

