

Katherine Anderson, LPC

A. IDENTIFICATION

Date: _____ Insurance: _____

Name _____ Date of Birth: _____ Age: _____

Marital Status _____ Social Security Number _____

Home street address: _____

City _____ State: _____ Zip: _____

Home/Evening phone: _____ Cell: _____

Email: _____

B. REFERRAL How did you find me? _____

C. MEDICAL CARE

Clinic/Doctor's name: _____ Phone: _____

Address: _____

Current medication/doses: _____

D. CURRENT JOB OR DAILY ROUTINE: _____

E. YOUR EDUCATION AND TRAINING

Name of school/college _____ Dates: _____

High School _____

College/s _____

F. EMPLOYMENT EXPERIENCES (include military if applicable)

I. MARITAL/RELATIONSHIP HISTORY

	Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Is spouse remarried?
First	_____	_____	_____	_____	_____
Second	_____	_____	_____	_____	_____
Third	_____	_____	_____	_____	_____

Date of current marriage: _____ Spouse's name : _____ Spouse's age: _____

J. CHILDREN (Check P if child is from a previous marriage)

Name	Current Age	Sex	School	Grade	Adjustment problems?	P?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

K. SPIRITUAL LIFE

- Would you like to incorporate spirituality or religious beliefs in your counseling? ____ Y ____ N

L. Do you have any recurring dreams/nightmares? If so, please describe:

M. Anything else you would like to share:

N. If you are interested in learning about your natal chart/Human Design type, please provide your birth date, exact birth time, and location (city, state):