

Family's Information Form (p. 1 of 3).

Today's Date: \_\_\_\_\_

*Note:* If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Preferred Contact Number H C W E-mail: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Home Street Address: (if different) \_\_\_\_\_ Apt.: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Preferred Contact Number H C W E-mail: \_\_\_\_\_

Date of Marriage \_\_\_\_\_ . Length of Marriage \_\_\_\_\_

B. Referral: Who referred you to me?

www.theravive.com/ Yes No

Other: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May I have your permission to thank this person for the referral? Yes No

Covenant Family Services  
580 Naugatuck Ave, Milford CT 06461

(203) 446-1848(T)  
(203) 283-7714 (F)

Family's Information Form (p. 2 of 3).

C. Your Medical Care: From whom or where do you get your medical care?

Clinic/Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Spouse's Clinic/Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

D. Your Current Employer

Employer Name and Address: \_\_\_\_\_

Spouse's Employer Name and Address: \_\_\_\_\_

E. Your Education and Training

Your highest level of education: \_\_\_\_\_

Spouse's highest level of education: \_\_\_\_\_

F. Military Experience

Self      Spouse      none

**Self**

Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Job title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Spouse**

Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Job title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Family's Information Form (p.3 of 3).

G. Family-of-Origin History

Is your father still alive?    Yes            No. If no, cause of death \_\_\_\_\_.  
Is your mother still alive:    Yes            No. If no, cause of death \_\_\_\_\_.  
Do you have siblings?    Yes            No. If yes, how many? \_\_\_\_\_. What position are you? \_\_\_\_\_

Spouse

Is your father still alive?    Yes            No. If no, cause of death \_\_\_\_\_.  
Is your mother still alive:    Yes            No. If no, cause of death \_\_\_\_\_.  
Do you have siblings?    Yes            No. If yes, how many? \_\_\_\_\_. What position are you? \_\_\_\_\_

H. Children

Indicate which is/are from a previous marriage or relationship with the letter P and from whom (self or spouse) in the last column

Name	Age	Sex	From a previous relationship

*This is a strictly confidential record. Re-disclosure or transfer is expressly prohibited by law.*