

Orlando Family Counseling, Inc.

MARRIAGE and FAMILY of CLIENT

Marital Status: Single ___ Engaged ___ Married ___ Separated ___ Divorced ___
 How long divorced ___ Number of divorces ___ Length of current marriage ___
 Spouse Name ___ Age ___ Occupation ___

Please list children by age: (Place a check mark by name if from previous marriage or adoption)					
NAME	AGE	SEX	EDUCATION	LIVING AT HOME	SPECIAL CONCERNS
Please list any other person (s) living in your home:					
NAME	AGE	SEX	RELATIONSHIP	LIVING AT HOME	SPECIAL CONCERNS

HEALTH RATING: Excellent ___ Good ___ Average ___ Poor ___ Very Poor ___
 Are you currently under a doctor's care? ___ If yes, please explain. _____
 Physician's Name: _____ Phone () _____
 Are you currently taking medication? ___ What? _____
 Have you ever used drugs recreationally? ___ What and when? _____
 Alcohol use: Never ___ Occasionally ___ Often ___ Habitually _____
 Have you, your spouse or children ever had any major medical or emotional problems? If yes, please explain. _____

 Have you seen a counselor before today? ___ Who?: _____

SPECIFIC PROBLEM AREAS: Please check any of the following that are currently troubling you:			
___ Abortion/Adoption ___ Addictions ___ Alcoholism ___ Anger ___ Anxiety ___ Apathy ___ Bitterness/Resentment ___ Burnout/Stress ___ Change of lifestyle ___ Child abuse ___ Children/discipline ___ Children/school ___ Children/rebellion ___ Communication ___ Confusion ___ Crisis/Conflict ___ Death of loved one	___ Depression ___ Divorce ___ Eating disorder ___ Envy /Jealousy ___ Family issues ___ Father issues ___ Fear ___ Finances/Debt ___ Forgiveness ___ Frustration ___ Guilt ___ Health/Medical ___ Homosexuality ___ Honesty ___ Infidelity ___ In-Laws ___ Job problems	___ Legal issues ___ Loneliness ___ Loss of appetite ___ Loss of control ___ Loss of concentration ___ Loss of energy ___ Loss of memory ___ Loss of sleep ___ Loss of temper ___ Loss of trust ___ Marriage ___ Medication/Drug Issues ___ Mid-life ___ Mother issues ___ Panic attacks ___ Physical abuse ___ PMS/Hormones	___ Religion/Faith Issues ___ Separation ___ Sexual Abuse/Rape ___ Sexual Addiction ___ Sexual issues ___ Single parent ___ Singleness ___ Spouse abuse ___ Substance abuse ___ Suicidal thoughts ___ Self-esteem ___ Rejection ___ Unemployment ___ Violence/Rage ___ Withdrawal ___ Worry

How long have these problems existed?
