

Date: _____

ASSOCIATED PSYCHOLOGISTS & COUNSELORS, LLC

1306 North 13th Street; P.O. Box 53

Norfolk, NE 68702-0053

Personal Data Sheet

Client Name _____
Birth Date _____ Age _____
Address _____
City _____
State _____ Zip _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Employer _____
Marital Status _____
Number of Years Married _____
Social Security # _____

Spouse's Name _____
Spouse's Birth Date _____
Spouse's Employer _____
Spouse's Work # _____
Spouse's Cell # _____

IF CLIENT IS UNDER AGE 18:

Mother's Name _____
Work # _____

Father's Name _____
Work # _____

Non-custodial parent's address (if applicable):

Names & Birth Dates of Children (or siblings if client is a child/adolescent):

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

Highest level of education completed by: Self _____ Spouse _____
Referred to **APC** by: _____
Previous Counseling (when & with whom): _____
Medication(s) Currently Using _____ Physician _____

Name & Address of nearest relative or friend NOT living with you:

_____ Telephone _____

PERSONAL PROBLEMS CHECKLIST

Please check mark all general areas which currently concern you and circle those that are most pressing for you at this time:

- | | | | |
|--------------------|----------------------------|----------------------------|---------------------------|
| _____ Shyness | _____ Parenting | _____ Depression | _____ Stress |
| _____ With Parents | _____ Assertiveness | _____ Suicide | _____ Communication |
| _____ Insomnia | _____ Guilt | _____ Separation | _____ Death |
| _____ Relaxation | _____ Divorce Preparation | _____ Verbal Abuse | _____ Sexual Abuse/Incest |
| _____ Job Related | _____ Divorce Adjustment | _____ Physical Abuse | _____ School |
| _____ Legal | _____ Phobia | _____ Relationship Problem | _____ Marital |
| _____ Family | _____ Marriage Preparation | _____ Blended Family | _____ Impotence |
| _____ Dating | _____ Weight | _____ Sexual Identity | _____ Medical Problems |
| _____ Alcohol Use | _____ Alcoholism in family | _____ Drug Abuse | _____ Nervousness/Anxiety |
| _____ Panic | _____ Anger | _____ Sexuality | |

Other (explain): _____