



101 Timberlachen Circle
 Suite 201
 Lake Mary, FL 32746

Client Information Sheet

Date: _____

Thank you for choosing Life United, LLC. Please answer the following questions so that we may better serve you.

Name _____ Spouse/Partner _____

Address _____

Date of Birth _____ Spouse DOB _____

Home Phone _____ Work Phone _____ Spouse Work Phone _____

Employer _____ Spouse Employer _____

Annual Family/Household Income _____ E-mail _____

Relationship Status: ___ Single (never married) ___ Married ___ Remarried ___ Divorced
 ___ Widowed ___ Separated ___ Cohabiting ___ Significant Other

Family/Household Members: (those living at home, or away from home) In the residence column, please note the number below that corresponds to the appropriate relationship to you.

- 1.) my biological child
- 2.) my adopted child
- 3.) step-child living with me
- 4.) my child living elsewhere (with father or mother)
- 5.) significant other, who lives outside the home
- 6.) significant other, who lives inside the home

<u>Name</u>	<u>Age</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Relationship</u>	<u>Residence</u>	<u>Education</u>

Briefly describe what brings you to counseling _____

Have you participated in counseling before? ___ When? _____ Where? _____

How satisfied were you with your previous counseling experience: _____

Basic Physical Health: ___ Excellent ___ Good ___ Fair ___ Poor Date of last physical exam _____

Are you being treated for any specific illness? _____ Nature of the illness _____

Are you taking any medication (or vitamins)? _____ If yes, what? _____

Do you smoke? ___ drink? ___ What and how much? _____

Do you attend church regularly? _____ Where? _____

Any other information you would like to share? _____
