CrossRoads Counseling Centers
Individual, Marriage & Family Therapy
Phone: 314.469.5522, Fax: 314.469.5504

Date _____

Referred by _____

Therapist _____

PERSONAL INFORMATION

Child's Full Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Age _____

Name of School _____ ____ High School ____ Middle School ____ Elementary

Church Home _____ ____Active ____ Moderate ____ Inactive

FAMILY INFORMATION

Parent's Marital Status ____ Single ____Married ____Divorced/Separated ____Widowed

Father's Name _____ Phone _____

Father's Occupation _____ Employer _____

Mother's Name _____ Phone _____

Mother's Occupation _____ Employer _____

Billing Address/Responsible Party
Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Siblings
Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Previous Marriage – Name/s _____ Duration _____

FAMILY OF ORIGIN HISTORY

Did anyone in your family ever experience physical, sexual, or emotional abuse? Please explain.

Was anyone in your family a substance abuser?