



**Please complete both sides**



Family of Origin Information:

Biological Mother	Age	Living?
Biological Father	Age	Living?
Step-Mother	Age	Living?
Step-Father	Age	Living?
Your Siblings' First Names	Ages	Birth Order Rank

Employment:

Employer/Occupation	Years Employed	Address

Health:

Health Concerns/Conditions	Medications/Drugs

Previous Counseling:

Dates	Reasons

Please complete both sides