|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SOCIAL HISTORY | | | | | |
| Client’s Full Name: | | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| E-mail Address: | | | | | |
| Cell phone #: | Home phone #: | | | Work phone #: | |
| May we leave a confidential message on your cell or home voice mail: Yes  No | | | Date of Birth: | | |
| **EMPLOYMENT** | | | | | |
| Are you working now: Yes  No | | | Full-time:  Part-time: | | |
| What is your present job: | | | | | |
| Name of Employer: | | | | | |
| Employer Address: | | | | | |
| **EDUCATION & TRAINING** | | | | | |
| How many years of schooling: 8 or less \_\_\_\_ 8-12\_\_\_\_ | | H.S. Diploma: Yes  No | | | GED: Yes  No |
| College or Vocational Training: Yes  No | | Military Service: Yes  No | | | |
| **FAMILY/MARITAL STATUS** | | | | | |
| Are you married now: Yes No | | Length of marriage: | | | |
| How many children do you have: | | How many stepchildren do you have: | | | |
| Ages of children: | | | | | |
| **EMERGENCY CONTACT** | | | | | |
| Name: | | Relationship: | | | |
| Address: | | | | | |
| Phone #: | | | | | |
| Comments/additional information: | | | | | |