

**McArthur Counseling Center**  
Update Information Sheet

**2018**

**Please Print Clearly**

**CLIENT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
                                First  MI  Last

**Street Address:** \_\_\_\_\_  
Street Address CAN NOT be PO Box  City  State  Zip

**Mailing Address:** \_\_\_\_\_  
  City  State  Zip

**Birth date:** \_\_\_\_\_ **M / F**      **SSN:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**(H) Phone:** \_\_\_\_\_ **(C) Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Family / Personal Physician :** \_\_\_\_\_  
**Physician Address/Phone:** \_\_\_\_\_

**Marital Status:**   Single      Married      Divorced      Separated      Widowed

**PARENT: (if minor) or SPOUSE (if married)**

**Name:** \_\_\_\_\_  
                                First  MI  Last

**Address:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**(H) Phone:** \_\_\_\_\_ **(C) Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**For what reason(s) are you seeking counseling at this time?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referred by:** \_\_\_\_\_