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Littleton, CO 80127
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Confidential Personal Information

Date: _____

Name: _____

Address: _____

Phone #: _____ May I leave messages on this phone? Y / N

Birth date: _____ Age: _____

Marital Status: _____ How Long? _____

Children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Family of Origin

Who raised you?

Biological Parents:

Father's Name: _____

Living? _____ Age: _____ Date of death: _____ at your age of _____

Divorced? _____ at your age of _____

Mother's Name: _____

Living? _____ Age: _____ Date of death: _____ at your age of _____

Divorced? _____ at your age of _____

Brothers and Sisters (list by birth order)

Name	Sex	Age Now	Deceased?	Date of Death
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education Level:

School: 1 2 3 4 5 6 7 8 9 10 11 12
(circle last year completed)

College: 1 2 3 4 5 6 +

Medical Conditions

Are you currently taking any prescription medications? If so, what are they?

Have you been hospitalized for anything? If so, why and when?

Have you ever seen a counselor before? If so when and why?

