



Chemin Buvelot 4, 1110 Morges  
Route des Morillons 5, 1218 le Grand Saconnex  
Route de Denges 28C, 1027 Lonay

[www.family-counselling.org](http://www.family-counselling.org)

## Client In-take Form

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Recent moves: \_\_\_\_\_

\_\_\_\_\_

Sexual orientation \_\_\_\_\_

Status:    Single            Married Divorced/Separated            Remarried            Widowed

Name of spouse/partner \_\_\_\_\_

Do you have any children? If so name and age of children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious or spiritual affiliation \_\_\_\_\_

Reasons for seeking counselling \_\_\_\_\_

\_\_\_\_\_

Who referred you to Family-Counselling Services? \_\_\_\_\_

**In Case of Emergency**

**Person to contact:**

\_\_\_\_\_

**Relation:**

\_\_\_\_\_

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

**(W)** \_\_\_\_\_

**Personal physician** \_\_\_\_\_

**Phone:** \_\_\_\_\_