

Trent S. Parker, Ph.D., LMFT
 PO Box 870
 Georgetown, KY 40324

Demographic & Background Information

Personal Information:					
First name		Middle initial	Last name		Today's date
Street address		City	State	Zip	Home phone
					Ok to leave message? Yes / No
					Cell Phone
					OK to leave message? Yes / No
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Employer Name	Business phone:
Occupation			Religion (optional)		
List present or previous health problems			List any medications or herbal supplements you are currently taking		
Education completed:		Number of marriages (including current):	Current years of marriage or being in a committed relationship:		

<input type="checkbox"/> Spouse/partner		<input type="checkbox"/> Parent information if under 18			
First name		Middle initial	Last name		Today's date
Street address		City	State	Zip	Home phone
					Ok to leave message? Yes / No
					Cell Phone
					OK to leave message? Yes / No
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Employer Name	Business phone:
Occupation			Religion (optional)		
List present or previous health problems			List any medications or herbal supplements you are currently taking		
Education completed:		Number of marriages (including current):	Current years of marriage or being in a committed relationship:		

Please list below all children from this or previous relationships:

Name

Age

Gender

Living with you?

For office use only

Date:

Client #