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

Demographic & Background Information

Personal Informati	on:					
First name	Middle initial	Last name			Today's date	
Street address	City	State	Zip	Home phone	Cell Phone	
Street address	City	State	Zīp	nome phone	Cell Phone	
				Ok to leave message?	OK to leave message?	
	_			Yes / No	Yes / No	
Birth date	Sex:	Social Security Number		Employer Name	Business phone:	
	□ Male					
	□ Female					
Occupation			Religion (opt	tional)		
Secupation			Rengion (op	nonar)		
List present or previous hea	Ith problems		List any mad	ications or herbal supplemen	ata yay ara ayrrantly taking	
List present of previous nea	itii problems		List any med	neations of heroar supplemen	its you are currently taking	
Education completed:	Number of marriages	Current vegr	s of marriage	1		
Education completed.	(including current):					
	(meraumg current).	relationship:	Committee			
		1				
□ Spouse/partner	□ Dara	nt informati	on if under	· 10		
First name	Middle initial	iit iiiiOiiiiati	Last name	. 10	Today's date	
Thist name	Wilder Illitial		Last name		Today's date	
Street address	City	State	Zip	Home phone	Cell Phone	
				Ok to leave message?	OK to leave message?	
				Yes / No	Yes / No	
Birth date	Sex:	Social Security Number		Employer Name	Business phone:	
	□ Male		,		1	
	□ Female					
			T =			
Occupation			Religion (opt	tional)		
List present or previous health problems			List any med	List any medications or herbal supplements you are currently taking		
Education completed:	Number of marriages	Current years	rrent years of marriage			
(including current): or being in a			committed			
		relationship:				
	i	1				

Please list below all children from this or previous relationships:						
Name	Age	Gender	Living with you?			
For office use only						
Date: Client #						