

North Coast Family Foundation

Date: _____

Client's Name: _____

Age: _____

Sex: M F

Reason for your visit: _____

Family and Household Composition: List all immediate family and significant relationships.

| Name | Relationship | Age | Where do they reside? |
|------|--------------|-----|-----------------------|
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Marital and Relationship History

- Single/Never Married
- Married Date: _____
- Separated Date: _____
- Divorced Date: _____

- Widowed Date: _____
- 2nd Marriage Date: _____
- 2nd Divorce Date: _____
- Other: _____

Medical History

Primary Doctor: _____

Date of last physical exam: _____

List any serious illnesses, injuries or surgeries (with dates):

List all medications you are currently taking:

| Medication | Dosage | Purpose | Side Effects | Prescribed by |
|------------|--------|---------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |

Allergies: _____