



**Chemin Buvelot 4, 1110 Morges
2 Chemin du Pavillon, Le Grand Sacconex, GE 1218**

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 orientations: _____

Circle Status: Single Married (Since:) Divorced/Separated (Since:) 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

Phone: (H) _____

Person to contact: _____

(W) _____

Relation: _____

Personal physician _____



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