

MARIA DROSTE COUNSELING SERVICES

Located in the heart of New York City Since 1982



Given or Chosen Name: _____ Telephone #: _____

Address: _____ Apt. #: _____ City: _____

State: _____ ZIP: _____ Email address: _____

Date of Birth: _____ Social Security #: _____

Gender Female Male Transgender Female Transgender Male Non-Binary

Ethnicity (Check All That Apply)

White Latino(a) African American Caribbean American Native American
 BiCultural/BiRacial Asian European Indian Other

Family History

Relationship Status: Single Married Domestic Partnership Separated Divorced Widowed

If currently married, name of spouse: _____ How long married? _____

If previously married, for how long?: _____ How many children? _____

Names & ages of children: _____

Your mother: Living? If deceased, when? _____ / Your father: Living? If deceased, when? _____

Education & Employment

Highest level of education or degrees held: _____

Type of work you do now: _____

Name & Address of current employer: _____

Telephone number: _____ Length of Time at current position: _____

Health & Previous Treatment

Previous major physical illnesses or injuries: _____

Revised 1/9/2019

Any medical or psychiatric hospitalizations?: Yes / No