

## CLIENT'S PERSONAL DATA

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Is the client a minor (under age 17) child? YES \_\_\_\_\_ NO \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Marital Status: Married (No. of years): \_\_\_\_\_ Single: \_\_\_\_\_ Separated (since): \_\_\_\_\_ Divorced (since): \_\_\_\_\_

Education (last year completed): \_\_\_\_\_ Degree: \_\_\_\_\_

Client's Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

**If client is a MINOR complete this section. Fill in all that apply.**

Birth Mother's Name: \_\_\_\_\_ Step Father's Name: \_\_\_\_\_

Birth Father's Name: \_\_\_\_\_ Step Mother's Name: \_\_\_\_\_

Name of responsible party: \_\_\_\_\_

Street address of responsible party: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Who brought minor child for counseling? \_\_\_\_\_

Who is the legal guardian for the minor client? \_\_\_\_\_

What is your relationship to minor client if none of the above? \_\_\_\_\_

*If divorce or a temporary order has precipitated arrangements, please provide a copy ASAP, particularly if one parent is sole conservator. If applicable, who is the sole conservator? \_\_\_\_\_*

**Please list all members of your household:**

Name – Relationship	Birth Date – Age	Sex
1.		
2.		
3.		
4.		
5.		
6.		

## EMERGENCY CONTACT INFORMATION

Who would we contact in case of an emergency? Name / Phone: \_\_\_\_\_

Name / Phone: \_\_\_\_\_

**SPIRITUAL INFORMATION**

Do you consider yourself a Christian? YES \_\_\_\_\_ NO \_\_\_\_\_

My relationship with God is \_\_\_\_\_  
 \_\_\_\_\_

Do you desire prayer and/or Bible reading as part of your counseling? YES \_\_\_\_\_ NO \_\_\_\_\_

Church Denomination: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

How often do you attend worship services? \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently on any medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please identify medication, dosages and times taken: \_\_\_\_\_  
 \_\_\_\_\_

Are you allergic to any medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

**ALCOHOL / DRUG HISTORY**

	YES	NO	MAYBE
1. Do you drink alcoholic beverages?	_____	_____	_____
2. Have you or a family member ever been concerned about your alcohol usage?	_____	_____	_____
3. Have you ever been concerned about another family members' alcohol usage?	_____	_____	_____
4. Do you have a history of illegal drug use or prescription abuse?	_____	_____	_____
5. Have you or a family member ever been concerned about your illegal drug use or prescription drug abuse?	_____	_____	_____
6. Have you ever been concerned about another family members' illegal drug use or prescription drug abuse?	_____	_____	_____
7. Do you smoke cigarettes or other tobacco products?	_____	_____	_____

**LEGAL DATA**

Are there any legal cases pending? YES \_\_\_\_\_ NO \_\_\_\_\_

Briefly describe the nature of those cases: \_\_\_\_\_  
 \_\_\_\_\_

**COUNSELING DETAILS**

Briefly describe your current difficulty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals you hope to achieve through counseling? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been to counseling before? YES \_\_\_\_\_ NO \_\_\_\_\_ Support/ Recovery Groups: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, identify counselor and the dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain the nature and outcome of that counseling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about us? Personal Friend  Ins Co  Website  Clergy  Phone Bk

Do you have an internet connection: Yes  No

Would you consider video conferencing on bad weather days?  Yes  No

Are you OK with communicating via email:  Yes  No