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Name _____
Last First Middle Initial Occupation/Employer

Address _____
Street Apt. # City State Zip Code

Tel: (Home) _____ (Work) _____
(Cell) _____ Please circle the best number to leave a message
(email) _____ (for non-urgent, non-confidential communication)

Family Information (include self):
Name Age Date of Birth Education Occupation

Does anyone else currently live in your home? _____ Name (s) _____

(relationship)
Family physician _____ Phone # _____
Date of last exam(s) _____
List **any** medications any family member is taking

Emergency Contact
(name) _____ (telephone) _____
Referred by _____
Previous counseling or therapy experience? yes _____ no _____

Family Member Therapist From To

Briefly state the reasons or issues which have caused you to seek counseling at this time?

