

lifeWORKS

COUNSELING CENTER

A MINISTRY OF  Long Hollow BAPTIST CHURCH

CLIENT INFORMATION FORM

About You:

Name: _____ Age: _____ Birth Date: _____
Address: _____ Gender: Male or Female (circle)
City/ST: _____ Marital Status: (circle)
Zip: _____ single married divorced widowed
Telephone: (h) _____ Occupation: _____
(c) _____ Employer: _____
Is it ok to leave a message at these numbers?
Yes ____ No ____
Email: _____

About Your Family:

Spouse: _____ Children: Natural-born, stepfamily, or adopted
Years Married: _____ Name: _____ Age: _____
Spouse Current Age: _____ Name: _____ Age: _____
Occupation: _____ Name: _____ Age: _____
Employer: _____ Name: _____ Age: _____

Your parents: Married Divorced
Mother: Living Deceased
Father: Living Deceased

Your Siblings:
Please indicate how many of each:
Brothers _____ Sisters _____

How would you describe the quality of your
relationship with them? _____

What # child are you? 1st, 2nd, 3rd, baby, etc.

Age when you left home?

How would you describe the quality of your
relationship with them? _____

Distance (miles) from parents now:

About your Medical History:

Family Physician/PCP: _____

Phone #: _____

Your height: _____ weight: _____

Date of last physical exam: _____

Any RX taken daily? Please list:

| Medication | Dosage | Times per day |
|------------|--------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Emergency Contact:

Name: _____

Phone : _____

Relationship to you: _____

List any recent surgeries or illnesses we should be aware of:

About Your Desire For Counseling:

Did you receive a referral? Yes No

From whom? _____

Relationship to you? _____

Reason you are seeking counseling today:

Desired outcome:

Have you ever received professional counseling before? Yes No

If so, for what reason? _____

Approximately how many sessions? _____

Name of counselor: _____

Last visit? _____

Outcome? _____

About Your Religious Affiliation:

Are you affiliated with a particular church or denominational group? Yes No

If so, which one? _____

City/State: _____

Are you actively involved? Yes No

Please give one sentence that describes your religious experience:

I, _____, certify that the information contained herein is complete and accurate to the best of my knowledge. I voluntarily consent to the counseling that I receive from LifeWorks Counseling Center.

I understand that LifeWorks is a "Fee for Service Agency" and that there is a 24-hour cancellation policy. All fees are due when services are rendered. Appointments cancelled within the 24-hour period before scheduled appointment will be charged the full fee for service.

Signature

Date