Melissa Rauch NCC LPC
Prescott Professional Counseling and Consulting

Client Information Form 1

Today's date: ___________________

Note: If you have been a patient here before, please fill in only the information that has changed.

A. Identification

Your name: ______________________________________ Date of birth: ______________ Age: ____

Nicknames or aliases: ________________________ Social Security #: _________________________

Home street address: ____ Apt.: ________

City: ____ State: _____ Zip: _____________

Home/evening phone: _________________ e-mail: ____

Calls or e-mail will be discreet, but please indicate any restrictions:

____

B. Referral: How did you learn about our services? Who gave you my name to call?

Internet site:____

Name: ____ Phone: ___________________________

Address:____

May I have your permission to thank this person for the referral? ❑ Yes ❑ No
How did this person explain how I might be of help to you?

____

C. Personal Identity

1. Spiritual or Religious denomination
Current religious denomination/affiliation (if any): ____

Involvement: ❑ None ❑ Some/irregular ❑ Active

How important are spiritual concerns in your life?

____

Which (if any) church, synagogue, temple, or meeting are you involved with?

____

2.Ethnicity/national origin: ____________________________ Race: ___________________________

3. Gender/sex: ___________________________

4. Other similar way you identify yourself and consider important:

____

D. Your medical care: From whom or where do you get your medical care?
Clinic/doctor's name: ____ Phone: _____________

Address:

____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ❑ Yes ❑ No

E. Your current employer
Employer: ________________________ Address: ____

Work phone: ________________________________ or other means of communication

____

Calls will be discreet, but please indicate any restrictions:

____

F. Emergency information
If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?
Name: _________________________________ Phone: ___________________

Relationship: _________________

Significant other/nearest friend or relative not residing with you:

____

G. Your education and training: What level of training did you complete?
____

Any difficulties in school?
____

I. Family-of-origin history

	Relative Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father					
Mother					
Brothers					
Sisters					
Stepparents					
Grandparents					

J. What is the primary reason you are seeking counseling now?
____
____

K. Current medications:
____

L. Significant Medical History:

M. Is there any other information you think we should know?