



Please indicate if a message may be left here:

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Cell Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Education (current grade, degree, or last year completed) \_\_\_\_\_

Other Training (list type and years) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

General Information

Have you recently suffered significant loss in physical, relational, business, or other areas? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If yes, date (s) and reason for arrest(s) or convictions \_\_\_\_\_

Have you ever been the victim of a crime? \_\_\_\_\_ Are you coming to counseling for issues related to a crime? \_\_\_\_\_

Have you ever had any psychotherapy or counseling before? \_\_\_\_\_

If yes, please list counselor or therapist and dates: \_\_\_\_\_

What was the outcome? \_\_\_\_\_

The reason for your visit today? \_\_\_\_\_

Health Information

Rate your health: Very good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Women: Are you pregnant? \_\_\_\_\_

Your approximate weight \_\_\_\_\_ lbs. Weight changes recently: Lost \_\_\_\_\_ lbs. Gained \_\_\_\_\_ lbs.

Your physician(s) \_\_\_\_\_

Last exam date \_\_\_\_\_ Report \_\_\_\_\_

List all important present or past illnesses, injuries, or handicaps \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Have you used drugs for other than medical purposes? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Please list any current or previous addictions \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Circle any of the following words which best describe you now:

active relaxed ambitious self-confident persistent nervous hardworking impatient impulsive moody often blue  
 excitable imaginative calm serious easy-going shy good-natured introvert extrovert likable leader rigid  
 submissive stubborn lonely self-conscious sensitive quiet talkative Other: \_\_\_\_\_

Marriage and Family Information

Name of Spouse \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Years Married \_\_\_\_\_  
 Spouse Address (if different from previous given) \_\_\_\_\_  
 Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth date \_\_\_\_\_  
 Spouse Education \_\_\_\_\_ Spouse Occupation \_\_\_\_\_ Spouse Employer \_\_\_\_\_  
 Age when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_ How long did you know your spouse before marriage? \_\_\_\_\_  
 Length of steady dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_  
 Have you ever separated? \_\_\_\_ If yes, When? From \_\_\_\_\_ to \_\_\_\_\_  
 Has either of you ever filed for divorce? \_\_\_\_ If yes, When? \_\_\_\_\_  
 Is your spouse willing to come for counseling? Yes \_\_\_\_ No \_\_\_\_ Uncertain \_\_\_\_  
 Give brief information about any previous marriages \_\_\_\_\_

Information about children:

Name	Indicate if child is by a previous marriage	Sex	Age	Living (Y or N)	Education in Years	Marital Status

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have? How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?  
 Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_  
 If you were reared by anyone other than your own parents, briefly explain: \_\_\_\_\_

Religious Background

Group/Denominational preference \_\_\_\_\_ Attendance per month (circle: 0 1 2 3 4 5 6 7 8+)  
 Group/Church you currently attend \_\_\_\_\_ Are you a church member? \_\_\_\_\_  
 Group/Church denomination in childhood \_\_\_\_\_ Spouse's childhood denomination \_\_\_\_\_  
 Explain recent changes in your religious life, if any \_\_\_\_\_

IN CASE OF EMERGENCY, please list the name, address, & telephone number of two people in the Metroplex that could be called:

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_



## Client's Rights Statement

### As a client in a professional counseling setting, you have certain rights, including the following:

- You have the right to know the level of training, credentials, and theoretical orientation of your counselor.
- You have the right to decide not to receive counseling from your present counselor. If you wish, you will be provided with the name(s) of another qualified counselor(s). You have the right to end counseling at any time without additional obligation.
- You have the right to know that the process of counseling could open-up levels of awareness or lead to changes that could produce pain, anxiety, or turmoil in your life and relationships.
- You have the right to review copies of the records kept on your behalf. However, you may be denied such access, if it is determined, in the exercise of professional judgment, that a) the access requested is reasonably likely to **endanger the life or physical safety of you or another person**; b) the information **makes reference to another person** that the access requested is reasonably likely to cause substantial harm to that other person (unless the other person is a health care provider); or c) the request for access is made by your personal representative and the provision of access to such a personal representative is reasonably likely to **cause substantial harm to you or another person**.
- If you wish to inspect a copy of your records, you must submit your request in writing. Your request will be responded to within 30 days of receipt of your request for information that is maintained on site. If the information is stored off-site, up to 60 days are allowed to respond but you must be informed of this delay.
- You have the right to know that the counseling you receive will be confidential. There are, however, certain limits to that confidentiality.

### I may use or disclose, at my discretion, your records for the following purposes only:

- **Treatment:** this involves providing, coordinating, or managing mental health care and related services. For example, in order to improve counseling skills and to more effectively help you, I may occasionally and confidentially discuss certain aspects of your counseling experience with a supervisor or other professional colleagues.
- **Health care operations:** this involves the business aspects of running a practice. For example—to evaluate treatment and services, or to coordinate the provision of services. I may contact you to provide appointment reminders or other services that may be of interest to you.

I will disclose your information to any person *you identify* that is involved in your care or payment for your care. For example – a family member, a relative, close friend, a pastor or pastor's representative with whom *you have asked* me to communicate.

I will use and disclose your records *when required to by federal, state, or local law*. There are certain situations in which, as a therapist, I am required *by ethical standards* to reveal information obtained during therapy to other persons or agencies – even if you do not give permission. These situations are as follows: (a) If you threaten grave bodily harm or death to yourself or another person, I am required by ethical standards to inform the intended victim and/or appropriate law enforcement agencies; (b) if you report to me your knowledge of physical or sexual abuse of a person who is handicapped or elderly (over 65); as well as your knowledge of physical or sexual abuse, or any sexual conduct/contact with a minor (18 and under)—in these situations, I am required by law to inform the appropriate agency which may then investigate any of these matters; (c) if I am required by a court of law (court order) to turn over records to the court or ordered to testify regarding those records.

Any other uses and disclosures will be made only with your written authorization. You will be provided with an authorization form upon request. A separate form will be needed for each request for release of information. The authorization for release of records is valid until it expires or is revoked. You may revoke an authorization in writing and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

**PLEASE NOTE:** It is very important that you be present and on time for your appointments. If you must miss a scheduled appointment, please call as soon as possible, preferably at least 24 hours before the time of the appointment. A fee will be assessed for missed appointments or late cancellations.

Please sign to indicate that you have read and understand the above statement of your rights as a client.

Signature of Client/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Counselor \_\_\_\_\_ Date \_\_\_\_\_