



## APPLICATION FOR SERVICE

Please complete the following information to better help your counselor assess your situation. The information will be kept confidential. If you are completing this as a parent or guardian of a prospective client, please give information pertaining to that person.

### CLIENT INFORMATION

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

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

Highest grade/Degree completed: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

***In case on an emergency please contact...***

If not employed, most recent employer: \_\_\_\_\_

Name: \_\_\_\_\_

***For Clients under the age of 16:***

Home Phone: \_\_\_\_\_

Name of Parent/Guardian/Guarantor: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### MARITAL INFORMATION

***Currently I am:***

***If applicable, please give information about marriages:***

Single

**Current Spouse:**

**Previous Spouse:**

Engaged

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married

Year Married: \_\_\_\_\_

Year Married: \_\_\_\_\_

Separated

Year Separated: \_\_\_\_\_

Year Separated: \_\_\_\_\_

Divorced

Year Divorced: \_\_\_\_\_

Year Divorced: \_\_\_\_\_

Widowed

Year Widowed: \_\_\_\_\_

Year Widowed: \_\_\_\_\_

### FAMILY INFORMATION

Is your mother living?  Yes  No

Is your father living?  Yes  No

Were you raised by anyone other than your biological parents?  Yes  No If Yes, by whom? \_\_\_\_\_

***If applicable, please give information about your children:***

1<sup>st</sup> child – Name: \_\_\_\_\_ Age: \_\_\_\_\_

2<sup>nd</sup> child – Name: \_\_\_\_\_ Age: \_\_\_\_\_

Adopted:  Yes  No Living:  Yes  No

Adopted:  Yes  No Living:  Yes  No

3<sup>rd</sup> child – Name: \_\_\_\_\_ Age: \_\_\_\_\_

4<sup>th</sup> child – Name: \_\_\_\_\_ Age: \_\_\_\_\_

Adopted:  Yes  No Living:  Yes  No

Adopted:  Yes  No Living:  Yes  No

**MEDICAL INFORMATION**

How would you describe your overall health? \_\_\_\_\_

Has there been any change in your weight in the past year?  Yes  No If yes, please explain: \_\_\_\_\_

Has there been any change in your sleep patterns in the past year?  Yes  No If yes, please explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date and Report of last physical: \_\_\_\_\_

List any current medications, MG's, and for what purpose taken:  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS COUNSELING INFORMATION**

Have you had counseling in the past?  Yes  No

If yes, when? \_\_\_\_\_ Name of counselor/therapist: \_\_\_\_\_

For what purpose?

Ever diagnosed?

Would you be willing to sign a **Release of Information** form giving permission to obtain records from your previous counselor?

Yes  No

**CURRENT NEED DESCRIPTION**

Describe briefly the major concern that brings you for counseling at this moment:

Describe what you have done about this concern prior to this appointment:

Have you had any thoughts of hurting yourself or someone else? \_\_\_\_\_ If yes, please describe (how long ago, yourself or others, did you have a plan?)

- *I understand that because the counselor has reserved time exclusively for me, it is absolutely necessary that I notify my counselor at least 48 hours in advance if it is necessary to cancel my appointment. I understand that I will be charged my regular fee for "no show" or late cancellations with the exception of illness or emergencies. Initial \_\_\_\_\_*
  - *I have read the **STATEMENT OF DISCLOSURE** and have had an opportunity to ask any questions. Initial \_\_\_\_\_*
  - *This is to certify that I have read and understand the terms stated above and hereby consent to counseling in full accordance with these terms. Initial \_\_\_\_\_*
- (If under 16, must be signed by parent or legal guardian)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_