christiancounselorcooperative

3069 S. Broad St., Suite 7d, Chattanooga, TN 37408 / 423.328.8783

Confidential Information - Adult

(Please Print)

Name _____ Today's Date_____
first middle or maiden last

Age _____ Date of Birth _____ Sex: ☐ Male ☐ Female Education_____

Home Address_____
street city state zip

Home Phone_____ Email _____

Work Phone_____ Employer_____

Work Address_____
street city state zip

Please circle any addresses, phone numbers or e-mails that you DO NOT want me using to reach you OR leaving a message. I do not want to compromise your confidentiality or create an uncomfortable situation.

Marital Status_____ Date of present marriage_____ Date(s) of previous marriage(s)_____

Spouse's name _____ Age_____ Education _____

Spouse's occupation_____ Employer_____

Other Family Members Place a check beside the name(s) of those with whom you now live. Circle (M)ale or (F)emale.

Spouse _____	Age _____		Your Father _____	Age _____		
Child(ren): _____	Age _____	M/F	Your Mother _____	Age _____		
_____	Age _____	M/F	Brothers/Sisters: _____	Age _____	M/F	
_____	Age _____	M/F	_____	Age _____	M/F	
_____	Age _____	M/F	_____	Age _____	M/F	
_____	Age _____	M/F	_____	Age _____	M/F	

Former-Spouse_____ Age _____ Marital Status: S / REM / Div Years _____

Physician / Internist / Gynecologist / Psychiatrist / Etc. (Doctor(s) seen routinely):

[1] Name _____ Ph. ( ) _____ Years _____

Address _____ City _____ State _____ Zip _____

[2] Name _____ Ph. ( ) _____ Years _____

Address _____ City _____ State _____ Zip _____

Do you have any current or ongoing medical problems? Please explain:

_____

_____

_____

 Patient's name_____

CURRENT MEDICATIONS: Taken as prescribed?

Medication	Dosage	Yes	No	Doctor	Reason	How Long?
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			

Do you smoke? ☐ Yes ☐ No If so, how much?_____ How long?_____

Previous Mental Health Services:

Provider	Location	Dates of Service

Current or expected legal involvement? ☐ Yes ☐ No If yes, please explain: _____

_____

Current Order of Protection or Restraining Order? ☐ Yes ☐ No If yes, please explain ~

Referred by: _____ Phone: _____

May I contact this person/agency to notify them of your follow through for an appointment? ☐ Yes ☐ No **Initials:**_____

To determine your fee per session after your first visit, we will take your Combined Gross Monthly Income and the number of dependent people in your household and use a formula to come up with a fee that is comfortable for you. Instead of bringing in pay stubs, 1040 forms, etc. to verify income, I ask that you simply mark your initials below to affirm what you report here is accurate to the best of your knowledge.

Your **CGMI:** _____ Client Initials: _____

Total # of household members that depend on this income: _____

Person to notify in case of emergency:_____ Relationship: _____

Address:_____ Phone: _____
street city state zip home work

Religious affiliation:_____

List your leisure interests and activities:

_____

What do you consider to be your strengths?

_____

Briefly describe the concerns and reasons that brought you here:

_____

_____

_____

Briefly list your goals for treatment here; that is, what you would like to achieve and/or see happen by coming here for care:

_____

_____