christiancounselorcooperative
1307 Hixson Pike, Chattanooga, TN 37405 v/m 423.328.8783 ext. 9

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/Mobile Phone _____ Email _____
Occupation _____ Years Worked _____

Work Phone _____ Employer _____

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 (please circle): **S M D Separated** Date of present marriage _____

Date(s) of previous marriage(s) _____

Spouse's name _____ Age _____ Education _____

Spouse's occupation _____ Employer _____

Other Family Members Place list AND place a √ beside the name(s) of those with whom you now live. Circle male or female

Spouse _____ Age _____
Child(ren): _____ Age _____ M/F
_____ Age _____ M/F
_____ Age _____ M/F
_____ Age _____ M/F
_____ Age _____ M/F

Your Father _____ Age _____ M/F
Your Mother _____ Age _____ M/F
Brothers/Sisters: _____ Age _____ M/F
_____ Age _____ M/F
_____ Age _____ M/F
_____ Age _____ M/F

Former-Spouse _____ Age _____ Current Marital Status: S / REM / Div

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

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

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

Do you have any current or ongoing medical problems, or past major health issues? Please explain:

_____

_____

_____

 Client's name_____

CURRENT MEDICATIONS/SUPPLEMENTS: Taken as prescribed?

Medication/Supplement	Dosage	Yes	No	Doctor if applicable	Reason	How Long?
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			

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

Do you drink alcohol? ☐ Yes: # of drinks per day/week/month_____ ☐ No

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/email: _____

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

Person to contact in case of emergency: _____

Relationship: _____Phone:__ _____

Religious affiliation if any:_____

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: _____

_____

_____

_____