General Information:

Last Name:  First Name:  Middle Initial:

Top of Form

Birth Date:  Age:  Gender at Birth:  Preferred Gender Pronoun:

Street Address:  City  State:  Zip:

Cell Phone:  Email Address:  Preferred Method of Communication:

Racial Identity:

Marital /Relationship Status: If married, name of spouse:

If married, is this your first marriage: **Yes/No. If no, then what number is this? List all former spouses, along with date and manner of disolution**

If married, has domestic violence or any kind of abuse ever been an issue (within this marriage): **If yes, explain type and frequency (physical, verbal, and/or financial abuse)**

Current Living Arrangements: **(Do you rent, own, or homeless, etc.?)**

How many people live in the residence with you?

List all individuals who live with you by name, age, and relationship:

|  |  |
| --- | --- |
| **Name, age, relationship** | **Name, age, relationship** |
| **Name, age, relationship** | **Name, age, relationship** |
| **Name, age, relationship** | **Name, age, relationship** |

Highest level of education completed:

Employment Status: **Full time, part-time, temp, unemployed, etc.**

If employed, name or place of current employment:

Length of current employment:

If unemployed, explain length and reason for unemployment:

If unemployed, explain how you financially support yourself:

Religious Preference / Denominational Affiliation: **(Christian / Baptist, COGIC, AME, etc.)**

Church Membership? **Yes or No (If yes, name of church)**

Have you ever received counseling in the past?

If yes, when, where, and with whom?

What were the results of that counseling relationship?

Have you ever been diagnosed with a mental health disorder? **If yes, explain:**

Have you ever been admitted to a mental health treatment facility? **If yes, when and where?**

Have you ever received help for drug and or alcohol dependency?

If yes, list the drug(s) of choice and explain the outcome and or treatment plan?

Do you have any physical or psychological problems that you are currently under a Physician’s care for right now?

Why are you seeking help now?

What would you like to see happen as a result of this counseling experience? **What are your counseling goals?**

Emergency Contact (Name, relationship, and phone number):

**Typing your name here will serve as your signature**

Type your name and today’s date