Pathways Pastoral Counseling

PERSONAL INFORMATION SHEET

Instructions: This confidential information form is for the use of your counselor only. Complete as carefully as possible.

Today's Date: _____

Client's Full Name: _____

Date of Birth: _____

Address: _____

_____

City: _____State _____ zip code: _____

Home phone: _____ cell phone: _____

Confidential/personal E-mail: _____

Do you have a preference of how to contact you? Cell___ Email____ Home____

Insurance Company Information

Insurance company_____

Insured's full name:_____

Insured's date of birth_____

Insurance company ID#_____

Information about children:

If you have children please list their names and ages (both own children and step-children):

_____

_____

_____

Health Information: Rate your physical health: (check)

Very good: __ Good: __ Average: __ Poor: ___

Date of last medical examination and or physical: _____

Your physician: _____ phone # of physician: _____

Are you presently taking any medication? Yes: ____ No: ____

If yes, what? _____

_____

Have you been diagnosed previously for any mental health condition/situation? Yes___ No_____

If yes, what was your last known diagnosis?_____

Background Information:

How did you find out or come to Pathways Pastoral Counseling?

Have you been in therapy before? Yes: ____ No: ____

If yes, please state for what reason (brief), with whom, and when:

_____

_____

_____

Please note any drug or alcohol abuse by yourself or members of your family. If yes, state if you or family members have received treatment:

_____

_____

Have you ever thought about or made a suicide attempt? Yes____ No____

If yes, what was the situation (briefly describe)? _____

_____

Has anyone in your family ever attempted or committed suicide? If yes, when?

Please give a brief description of why you are seeking counseling:

And what would you like to change about yourself or situation as a result of therapy?

Is there any additional information that would be helpful for me as your therapist to know about you or situation as relates to your counseling today?

Thank you for filing out this information.