

COUNSELING HISTORY AND INTAKE

NAME: LAST			FIRST			MIDDLE			AGE		BIRTHDATE		FEMALE <input type="checkbox"/>			
													MALE <input type="checkbox"/>			
STREET ADDRESS						CITY			STATE		ZIP		HOME PHONE		CELL / WORK PHONE	
MARITAL STATUS		RELIGION		HIGHEST GRADE/DIPLOMA/DEGREE						VETERAN?		SOCIAL SECURITY NUMBER				
EMPLOYMENT HISTORY - PRESENT EMPLOYER										HOW LONG?		OCCUPATION				
PREVIOUS EMPLOYER										HOW LONG?		OCCUPATION				
PREVIOUS EMPLOYER										HOW LONG?		OCCUPATION				
NAMES OF FAMILY MEMBERS						AGE			EMOTIONAL PROBLEMS?		LIVING?		OCCUPATION			
SPOUSE/PARTNER																
MOTHER																
FATHER																
LIST CHILDREN BY NAME:								LIVING?		AGE		IF LIVING, RESIDES WHERE?				
LIST SIBLINGS BY NAME:								LIVING?		AGE		IF LIVING, RESIDES WHERE?				
IN CASE OF EMERGENCY - CONTACT:								RELATIONSHIP				MOST ACCESSIBLE PHONE				
PRIMARY INSURANCE COVERAGE						POLICYHOLDER'S NAME				GROUP NUMBER		POLICY NUMBER				
SECONDARY INSURANCE COVERAGE						POLICYHOLDER'S NAME				GROUP NUMBER		POLICY NUMBER				