



“Peace, in simple terms.”

Counseling Services, PLLC

Client Information

Name: _____ Gender: _____

Address: _____ Date of Birth: _____

_____ Today's Date: _____

Marital Status: _____ Number of Dependents: _____

Primary Phone Number

Work Home Mobile

Do **not** leave: Voicemails Text Messages

Secondary Phone Number

Work Home Mobile

Do **not** leave: Voicemails Text Messages

E-Mail Address: _____

Preferred Method of Contact: Phone/Voicemail Text Message E-Mail

Please note that e-mail and text messages are not considered secure forms of communication.

Emergency Contact Information

Emergency Contact #1 Name: _____ Relationship: _____

Phone Number: _____ Work Home Mobile

Emergency Contact #2 Name: _____ Relationship: _____

Phone Number: _____ Work Home Mobile

Health Information

<p>Have you been hospitalized in the past 12 months? Where, and for what reason?</p>	<p>Please list all medications you are currently taking, especially those for mood and mental health:</p>
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