

Mountain Heart Counseling
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Client Information Form

Today's date: _____

Note: If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your Name: First _____

Last: _____

Date of birth: _____ Age _____

Home Address: _____

Apt.: _____

City: _____ State: _____ Zip: _____

Telephones: Cell : _____ Home : _____

Calls will be discreet, but please indicate any restrictions:

EMAIL ADDRESS _____

Person to contact in case of emergency: _____ Phone(s) _____

B. Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? _ Yes _ No

How did this person explain that I might be of help to you? _____

Have you received psychotherapy or counseling in the past? _____

If yes, with whom and how long ago? _____

For What issues? _____

C. Your medical care: From whom or where do you receive your medical care?

Clinic/Physician _____

Phone: _____

Address: _____

If you enter treatment with me for your problems, may I speak with your medical doctor so that he or she can be fully informed and we can coordinate your treatment?

___ Yes ___ No

Significant medical conditions and medications _____

D. Your current employer

Employer: _____

Address _____

Work phone: _____ Calls will be discreet, but please indicate any restrictions: _____

What hours do you work? _____

E. Your Education and Training

F. Employment and military experiences

Dates

From	To	Name of military or employers	Job title or duties	Reason left
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G. Family-of-origin history

Relative	Name	age	cause of death if deceased	Education	Occupation
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Father _____

Mother _____

Stepparents _____

Grandparents _____

Uncles/aunts _____

Brothers _____

Sisters _____

H. Marital/relationship history

Never Married_____

	Spouse's name	Spouse's age at marriage	Your age at marriage	Duration	Divorced or Widowed
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

I. Significant nonmarital relationships (Names are not necessary, just give a brief description of the relationship)

First _____

Second _____

Third _____

J. Children (Indicate which are from a previous marriage or relationship with the letter P in the last column)

Name /	Current age	Sex	Grade	Adjustment problems?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

K. Religious and racial/ethnic identification:

Religious denomination:_____

Practicing_____ Non-practicing_____

Ethnicity/National origin_____

Or, any other way you identify yourself and consider important_____

This is a strictly confidential client record. Redislosure or transfer is expressly prohibited by law.