

Client Information Form**Background**

Full Name:			
Street Address:			
City:	State:	County:	Zip:
Home Phone:		Cell Phone:	
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employment Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
Employer:		Work Phone:	
Position:		Gross Annual Household Income:	
Highest Level of Education: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Degree <input type="checkbox"/> Some College <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Graduate/Professional Degree			
Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> No Military <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran			
Faith Affiliation: <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (Catholic, Episcopal, Baptist, etc) <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Scientologist <input type="checkbox"/> Other:			
Congregation/Place of Worship:			
Race/Ethnicity: <input type="checkbox"/> African American or black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian or white <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			

Family Information

Marital Status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
If currently married, date of marriage:		Year of previous marriage(s)?	
Who lives in your household?	Name	Age	Relationship to You
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Counseling

Previous Counseling or Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and with whom:			
How did you hear about TACC?			
Type of Counseling Requested: <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Group <input type="checkbox"/> Pre-marital			
Briefly describe why you are seeking counseling at this time:			

FOR COUNSELOR USE ONLY

Counselor:	Fee:	First Contact Date:
First Session: <input type="checkbox"/> Came to first app't <input type="checkbox"/> Cancelled first app't <input type="checkbox"/> No show for first app't <input type="checkbox"/> Chose not to make app't		
Reason for Termination and Date:		

Total # of Sessions:	Evaluation Form Sent (date):
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If you are here to participate in couples counseling you may leave the following spouse information blank.

Spouse's/Partner's Name:			
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Employer:			
Position:		Work Phone:	
Faith Affiliation:		Congregation:	
Racial/Ethnic Background:	<input type="checkbox"/> African/American or black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian or white
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other	

Medical History

Current physical problems, symptoms or concerns:
Current prescription medications:
Recent hospitalizations:

In case of emergency, please contact:

Name:	Phone:	Relation:
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The Training and Counseling Center at St. Luke's is a 501(c)3 tax exempt non-profit organization which is dependent upon counseling fees, grants and individual contributions to support its operations. We ask clients to pay fees according to their ability to pay, which is determined upon the Client Intake Process. If you are unable to pay the suggested fee, please discuss the matter with your counselor. We have financial options to assist with your fee. Your fee will be re-evaluated with your therapist and the Program Administrator, or if your financial situation changes. We do not take insurance payments. Clients will be charged for missed appointments if they do not cancel at least 24 hours in advance (not including weekends and holidays.) Counseling services at TACC are offered by persons certified in one of several recognized mental health disciplines.

I have read the above statement.

Client Signature

Today's Date