

CONSILIOM, INC.

CLIENT INFORMATION

DEMOGRAPHIC			
NAME:		TODAY'S DATE:	
DATE OF BIRTH:	AGE:	GENDER: M / F / T	
RELATIONSHIP STATUS: (SINGLE, PARTNERED, MARRIED, DIVORCED, ETC.)			
# OF DEPENDENTS (NAMES/GENDERS/AGES):			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	IS IT OK TO LEAVE MESSAGES/TEXTS FOR YOU AT THIS NUMBER? Y / N		
CELL PHONE:	IS IT OK TO LEAVE MESSAGES/TEXTS FOR YOU AT THIS NUMBER? Y / N		
WORK PHONE:	IS IT OK TO LEAVE MESSAGES/TEXTS FOR YOU AT THIS NUMBER? Y / N		
EMAIL:		IS IT OK TO EMAIL YOU? Y / N	
EMERGENCY CONTACT			
NAME:		RELATIONSHIP:	
CELL PHONE:	HOME PHONE:		
WORK PHONE:	EMAIL:		
OCCUPATION			
CURRENT OCCUPATIONAL STATUS: (FT/PT, SELF-EMPLOYED, UNEMPLOYED, RETIRED, STUDENT, ETC):			
CURRENT EMPLOYER:		POSITION:	
TYPE OF WORK:			
HAVE YOU BEEN IN COUNSELING BEFORE OR RECEIVED ANY PRIOR PROFESSIONAL ASSISTANCE FOR YOUR CONCERNS? IF SO, PLEASE DESCRIBE PROBLEMS, SERVICES, PROVIDERS AND DATES:			
REASON FOR COMING IN TODAY:			
BY MY SIGNATURE I AGREE TO THE CONTACT METHODS INDICATED ABOVE. I ALSO GIVE MY THERAPIST PERMISSION TO CALL, TEXT OR EMAIL THE EMERGENCY CONTACT LISTED ABOVE. I UNDERSTAND THAT EMAIL, TEXT MESSAGES, VOICE MAIL AND OTHER FORMS OF ELECTRONIC COMMUNICATIONS ARE NOT ENCRYPTED OR SECURED AND THAT NEITHER CONSILIOM, INC NOR ITS EMPLOYEES AND AGENTS WILL BE RESPONSIBLE FOR THE PRIVACY OF SUCH COMMUNICATIONS. I ALSO UNDERSTAND THAT A CONSULTATION IS NOT COUNSELING AND THERE WILL BE NO CLINICAL RECORD OF THIS MEETING AND NO ATTEMPT WILL BE MADE TO PROVIDE SERVICES OR RESOLVE ISSUES.			
SIGNATURE: _____			
PARENT/GUARDIAN: _____			

