

	<i>Catholic Counseling Services, Inc.</i>
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All information on this form is **CONFIDENTIAL INFORMATION** **FOR OFFICE USE ONLY**

Name of client:				Case #:	
SS #				Counselor:	
Spouse:				Type of Service:	
Maiden Name:				Fee:	Date:
SS#:				Referred by:	
Address:			Apt. #	Parish:	
City:			Zip Code:	Type of Ins.:	
Home Phone:		Work Phone:		Stats:	
Emergency Contact				Phone:	
Primary Care Physician:				Phone:	
Referring Physician:					
Health Insurance:					

SELF			SPOUSE		
Age:			Age:		
Address: (if different)			Address: (if different)		
D.O.B.			D.O.B.		
Religion:			Religion:		
Yrs. Of Education:			Yrs. Of Education:		
Race or Ethnicity:			Race or Ethnicity:		
Marital Status:			Marital Status:		
No. of times married:			No. of times married:		
Date of present marriage:			Date of present marriage:		
Place of Employment and Position:			Place of Employment and Position:		
Present Total GROSS Family Income:					

CHILDREN:

Name	D.O.B	Age	School or Place of Employment	Social Security #

Other Family Members living in the home:

Name	D.O.B	Age	Relationship to you

Have you ever been counseled by a member of the clergy?	Y	N
Have you ever been seen by a psychiatrist, therapist, or other mental health person?	Y	N
If yes, by whom and when?		
Are you presently being treated for any medical problems?	Y	N
If so, please indicate the type of problem(s):		
Have you been treated for illness or injuries in the past?	Y	N
If so, please indicate the type(s) of illness or injury.		
Are you presently taking any prescription medication?	Y	N
If so, what kind(s):		
How much and how often?		
Are you presently using any other drugs, nonprescription medication, or alcohol?	Y	N
If so, what kind?		
How much and how often?		

Briefly indicate your reasons for seeking counseling, or check the appropriate item(s):

- | | |
|--|--|
| <input type="checkbox"/> Marriage problem | <input type="checkbox"/> Financial problem |
| <input type="checkbox"/> Personal concern | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Family difficulty | <input type="checkbox"/> Other: _____ |

This space is for any additional information or comments that you may want to include:

The information on this form is confidential and will not be released without the consent and approval of the client, or a court subpoena.

Applicant's signature

Date

Spouse's signature

Date

Counselor's signature

Date