

Parent Counseling Registration / 3 pages

1) PARENT INFORMATION

Name	Email
Date of Birth	Preferred method of contact
Street Address	Age / Gender / Religious Affiliation
City, State and Zip	Occupation
Home Phone	Employer
Cell Phone	Work Phone

2) RELATIONSHIP STATUS

Single Dating Engaged Cohabiting Married (___ yrs) Divorced Separated

3) CHILDREN

Name of child (or children)	Age(s)	School / Grade(s)

* If children are stepsiblings (s) or partial siblings (ps) please indicate next to their name.

4) HEALTH INFORMATION

Briefly describe your reason for seeking counseling

Have you had previous counseling (individual or couples)? Yes No

Name of counselor / Date(s) of counseling

from Within

COUNSELING | Equipping. Empowering. Encouraging.

Would you be willing to sign a release of information for me to talk with your previous counselor? Yes No

Name of your Physician and the date of last examination:

List any major health problems from which you currently receive treatment

List all medication and dosage you are currently taking

Have you ever been hospitalized for a mental or emotional condition? Yes No

If so, please list where and when

Please circle all that currently apply to you:

Nervousness

Lack of Self-Esteem

Suicidal Thoughts

Depression

Financial Concerns

Chronic Pain

Stress

Sexual Compulsivity

Abuse/Domestic Violence

Loss/Grief

Alcohol Use Problems

Problems at Work

Difficulty Sleeping

Drug Use Problems

Friendship Concerns

Loneliness

Recent Weight Loss/Gain

Anxiety/Fears

Anger

Nausea/Abdominal Stress

Panic Attacks

Parenting Problems

Difficulty Concentrating

Health Concerns

Relationship Problems

Racing Thoughts

Concerns About Body Image

Separation

Significant Mood Swings

Eating Disorder

Pornography Use

Headaches

Faith Concerns

What types of self-care practices have been helpful to you in the past when dealing with difficult situations?

(These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups.)

What are some of your hobbies/ interests?

5) REFERRAL INFORMATION

It is my regular practice to thank those who refer clients to me.

Would you be willing to share their name? Yes No

Referred by

Family Member Friend Counselor Physician Agency Church Internet

Can I share your name with the person who referred you? Yes No

6) EMERGENCY CONTACT

Name / Relationship with this Person:

Cell Phone

Home Phone

Work Phone

7) ACKNOWLEDGE

▶ I have received and read *From Within's* policy and procedure information / *please initial* _____

▶ I understand that all appointments not cancelled with 24 business hours notice will be charged a full counseling hour rate / *please initial* _____

▶ I understand that payment is due at the time of service / *please initial* _____

Client Signature / Date

Client Signature / Date