



Touchstone Counseling Services, Inc.

CONFIDENTIAL INFORMATION

(Application for Counseling)

Name _____ Birth date _____ Age _____

Social Security number _____

Parent's Name (if minor) _____

Address _____ City _____ Zip _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Best time to reach you by phone _____ Emergency contact () _____

Education (last year completed) _____

Religious Affiliation _____

Relationship Status: Single Partnered Married Divorced Separated Widowed

Living Situation Alone Spouse/Partner Parents Roommates Other _____

Occupation _____ Work hours _____

Business Name _____ Address _____

Spouse's Occupation _____

Business Name _____ Address _____

Adjusted Gross Income Last Year _____

Children

Name	Age	Living With:

Your counseling will begin with an initial interview, at which time you will discuss your problem in detail with your counselor. At this time, you may also discuss the length of counseling and ask any questions you may have.

Please briefly describe issues you want to address:

Health information:

List any serious current or past illnesses, injuries or handicaps:

Date of last medical exam: _____ Name of physician _____

Are you currently taking medication? If so, what? _____

Have you ever had counseling/psychotherapy in the past? When? _____

Name of counselor _____

Have you ever attempted suicide? _____ Have you been so upset in the last week that you have had thoughts of hurting yourself or others? _____

Family History – (Parents may be biological parents or those who reared you as a child.)

Are parents living? Mother _____ Father _____

Are parents living together? _____

If not, cause of separation _____

As a child, did you feel closer to: Mother _____ Father _____ Other _____

Rate your childhood life: Very Happy ____ Happy ____ Average ____ Unhappy ____ Very unhappy ____

How many Sisters _____ Brothers _____ Do you have?

Signature

Date