Lindsay Ann Tweten MS

Marriage and Family Therapist-Intern
Certified Alcohol and Drug Counselor-Intern

Please take a few moments to fill out the following information.

Today's Date: ____________

CLIENT INFORMATION

Name:_____________________ Age: ______Date of Birth:__________________
Sex: Male _____ Female _____

Address____

City: ________________State: _______Zip code________
May I have permission to mail to this address? YES ___ NO ___
Is discretion needed when contacting or leaving a phone message for you? Yes/No
(Please circle one)

Telephone
(Contact will be attempted in order of numbers listed)
1. ( ) - ______ *(circle one)* cell/home/work/pager/other
2. ( ) - ______ *(circle one)* cell/home/work/pager/other
3. ( ) - ______ *(circle one)* cell/home/work/pager/other

Education (highest grade completed)________________D.O.B.___________________
Employer: ______________________________Occupation:_______________________
How long have you worked there? __________ How long in this occupation? ________
Marital Status:_________ How long?________
Primary Physician: _________________ Phone: _______________
List any significant health problems:
____
____
List any medications you are taking and the dosage:
____
____

Have you been in therapy before? YES___ NO ___
If yes, when and whom did you see? How was the experience for you?
____
____

I am interested in the following type(s) of counseling: (*circle all that apply)*
Individual Couples Family Group
Who referred you?_______________________________________
(for example: friend, family, therapy-finder, yellow pages, Lambda directory, other therapist, etc.)

Emergency Contact: Name: ______________ Relationship: _________________
Address: ___________________ Phone: _____________________

PARTNER/SPOUSE INFORMATION

(parent/guardian information if above is a minor)

Name:___________________________ Age: _____Date of Birth: ______________
Sex: Male ___ Female ___
Address________________________________

City: ________________State: _______Zip code________

Is discretion needed when contacting or leaving a phone message? Yes/No
(please circle one)

Telephone
(contact will be attempted in order of numbers listed)

1. ( ) - *(circle one)* cell/home/work/pager/other
2. ( ) - *(circle one)* cell/home/work/pager/other
3. ( ) - *(circle one)* cell/home/work/pager/other

Education (highest grade completed)_________________
Employer______________________________Occupation________________________

CHILDREN'S INFORMATION

NAME	D.O.B	SEX: M/F	AGE	WHO HAS LEGAL CUSTODY	CHILD'S RESIDENCE *(with me, other family, etc.)*

SIBLINGS INFORMATION

Please list your siblings in order of their birth, including yourself.

NAME	DOB	City and State of Residence	Describe your relationship

Do you or anyone in your family have a history of chemical or behavioral addictions?
(for example drugs, alcohol, sex, gambling, etc)
(circle one) Yes No If yes, please explain.

____
____

Do you or anyone in your family have a history of abuse/violence?
(circle one) Yes No If yes, please explain.

____
____

Have you or anyone in your family ever attempted suicide?
(circle one) Yes No If yes, please explain.

____
____

What issues or concerns bring you to counseling today and when did these issues arise?

____
____
____
____
____

Is there any other information that you feel is important for me to know before we begin our work together?

____
____
____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION:

Name: ___________________________ Relationship to Client: ________________________
Phone (if different from above): ____
Address (if different from above): ____

By signing this form, I am declaring that the information I have provided is accurate to the best of my knowledge.

_____________________________________ ___________
Client's Signature Date

_____________________________________ ___________
Client's Signature Date

_____________________________________ ___________
Parent/Guardian's Signature Date