Solutions for Life Counseling Services, LLC

Client Name_____ Birth Date _____Age_____

Client Mailing Address _____City _____State_____Zip_____

Home Phone ( )_____ Work Phone ( )_____ Cell Phone ( )_____

Email Address _____Preferred Method of Contact ____Phone ____Email ___Cell____ Text

Place of Employment/School_____ Occupation _____

Client Marital Status Single _____ Married _____(yrs) Divorced _____ Widowed _____(yrs) Separated _____

RESPONSIBLE PARTY CONTACT INFORMATION IF DIFFERENT FROM THAT OF THE CLIENT

Spouse/Responsible Party_____Birth Date _____ Age _____

Place of Employment _____Work Phone ( )_____ Cell Phone ( ) _____

List all others living in the client's home

Name	Birth Date & Age	Relationship Ex: son/daughter	School/Place of Employment

Check all the items that describe the concerns that bring you to counseling:

_____Hopelessness _____Grief _____School _____Fear _____Violence

_____Marital _____Pre-Marital _____ Loneliness _____Work _____ Anger

_____Parenting _____ Anxiety _____ Sexual Issues _____Depression _____ Grief

_____Religious/Spiritual Issues _____Other (please specify) _____

Religious Preference _____ Church you Attend_____

List current medical problems/medications of client:

_____

_____

_____

Have you ever received psychiatric or psychological help or counseling of any kind before? _____ Yes _____No

How did you hear about Solutions for Life Counseling Services? _____

Additional information requested (please check all that apply)

Last Grade completed _____ High School Diploma/GED_____ College Degree_____ Graduate Degree_____

Income:

_____ below $30,000 _____$30,001 to $40,000 _____ $40,001 to $50,000

_____$50,001 to $60,000 _____$60,0001 to 70,000 _____ $70,001 and up

Counselor Use Only:

Date _____ I/C/F/CH _____ M/F _____ B/W/O _____ Case # _____