

PRE-COUNSELING PROFILE

Counselor: _____

Date: _____

NAME: _____ SS#: _____

Birthdate: _____ Male _____ Female _____ Marital Status: _____

Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer & Occupation: _____ Work Phone: _____

Preferred method of contact: _____

EDUCATION: Circle the last year you completed:

Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5 6+

Other training: _____

About your Spouse:

NAME: _____ Birthdate: _____ Age: _____

Employer & Occupation: _____ Work Phone: _____

If separated, Address: _____ Phone: _____

About your Children:				Currently living	Currently,	Previous	Child
Name	Sex	Birthdate	Age	in house	legal guardian	Marriage	of spouse
_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EMERGENCY CONTACT NAME: _____

Address: _____ Phone : _____

REFERRED BY: _____ Phone: _____

May we have permission to contact the person who referred you? _____

MEDICAL & PSYCHOLOGICAL

Physician(s) name, address, and phone: _____

Describe any physical problems that require medication or physical care: _____

Are you currently receiving medical treatment? ____yes ____no When did you last visit with your doctor?

Please list any medications you are currently taking by name, dosage, and the reasons you take it:

Have you used drugs for other than medical purposes? ____yes ____no

If so, what? _____ When? _____

PREVIOUS COUNSELING? ____ yes ____ no For what? _____

With whom? _____ When? _____

Have you ever been hospitalized for emotional reasons or substance abuse? _____

Please list by name and date any medicines you have taken for psychological purposes:

CURRENTLY:

What problems or difficulties bring you here at this time? _____

When did these problems begin, and what has made them better or worse? _____

Are alcohol and drugs involved? ____ yes ____ no Which ones? _____

Do you presently feel suicidal? _____

What do you hope to get out of counseling? _____

Describe anything else you would like your counselor to know at this time: _____
