

COUNSELOR KRIS

General Client Information

Full Name: _____

Parent/Guardian Name/s (If Minor): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ May I leave a message? Y / N _____

Mobile Number: _____ May I leave a message? Y / N _____

May I send you confidential text messages? Y / N _____

Work Number: _____ May I leave a message? Y / N _____

E-Mail address: _____

May I send confidential e-mail messages? Y / N _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Marital Status: _____ Gender: _____

Referred By: _____

If by Internet, Please signify which listing online which you found our services:

PsychologyToday.com

Theravive.com

Networktherapy.com

Counsel-Search.com

ChristianTherapist.com

Everytherapist.com

Wellness.com

Other Website: _____

Do you belong to a local Church? If so, please list: _____

Reason for seeking services:

Members of household (Name, Relationship, Age):

Medications Currently Taking:

Have you had inpatient or outpatient treatment in the past? If so, please explain.

