



ADULT INFORMATION

Today's Date: _____ DOB: _____

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____

Work phone: _____

Cell Phone: _____

Email (for internal use only): _____

Employer Name/Occupation: _____

How did you hear about us? _____

Have you had any previous counseling experience? _____

Are you currently taking any medications? _____

What brings you to Hearts & Crafts? Please explain:

NAME OF CHILD(REN) HERE FOR COUNSELING

Name	Relationship	DOB	Grade

Has the child had any previous counseling experience? _____

Is the child on any medications? _____

OTHER FAMILY MEMBERS (PARENTS, SIBLINGS, GRANDPARENTS, CHILDREN NOT BEING SEEN FOR COUNSELING)

Name	Relationship	DOB	Grade



PLEASE FILL OUT THE APPLICABLE SECTIONS

DEATH:

Name of deceased: _____
Relationship to Client(s): _____
DOB of deceased: _____ Date of death: _____
Cause of death: _____
If illness, length of illness: _____

ILLNESS:

Name of ill family member: _____
Relationship to client(s): _____
DOB of ill family member: _____
Type and length of illness: _____

DIVORCE:

(Please provide dates) Separated since: _____ Divorced since: _____
Please detail visitation arrangement: _____

Non-custodial parent's information: _____
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home phone: _____
Cell phone: _____
Work phone: _____
Email (internal use only): _____

Please state any additional information you feel is important for the counselor to know about you, your child, or your family's situation:

