PRE-COUNSELING PROFILE

Date:_____Counselor:_____

NAME:_____ SSN:_____

Address_____
Street City State Zip

Home Ph#_____Cell Ph#_____Wk Ph#_____

Employer/Occupation_____

Birth date:_____ Gender: (M) _____ (F)_____ Marital Status:_____

NAME OF SPOUSE:_____Birth date/Age:_____

Employer and Occupation:_____ Work Ph:_____

If separated, address:_____Home #_____

CHILDREN'S names, gender, ages (use * if by previous marriage)

Name Gender Age

_____
_____
_____
_____
_____
_____

List additional participants in this counseling sessions:_____

EMERGENCY CONTACT:
Name:_____ Phone:_____
Address:_____

Who Referred you to "A Brighter Day Counseling Services?

_____
_____

Telephone:_____ Title:_____

May we have permission to contact your referral source? Yes:_____ No:_____
EDUCATION: Circle the last year you completed.
Grade School: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College: 1 2 3 4 5 6+
Other training:_____

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

_____

_____

_____

Physician's Name, Address, and Phone #:

_____

_____

Is anyone in counseling receiving medical treatment: Yes_____ No_____
What medications are you/they currently taking?

_____

_____

Has anyone participating in this session used drugs for drugs for other than medical purposes? Yes_____ No_____
If so, what?_____ When?_____

What problems or difficulties bring you here at this time?

_____

_____

When did your problems begin? _____
Are drugs and alcohol involved?_____ Which ones?_____

Do you/they presently feel suicidal: If yes, Explain:

_____

_____

Has anyone ever been hospitalized for emotional reason's or substance abuse?
Explain:_____

Previous counseling _____Yes _____No If so, when?_____

List counselor's name, phone#, and address:

_____

Please provide credit card information. Your card will only be charged if your appointment is NOT canceled at least 24 hours in advance.

_____
Name of Credit Card Holder Signature

_____
Type of Card(Visa, MasterCard, American Express)

_____
Account Number

_____
Expiration Date Security Code (on back of card) Zip code (on file with card)