

Couples and Family Wellness Center, LLC
1034 Beaumont Road
Berwyn, PA 19312
610 889-2089

CONFIDENTIAL CLIENT INFORMATION

Adult Information

NAME _____
DOB _____
STREET ADDRESS _____ CITY _____ ZIP _____
TELEPHONE (h) _____ (wk) _____ (cell) _____
EMAIL _____

OCCUPATION _____
HIGHEST GRADE/DEGREE _____ REFERRED BY _____
MAY WE THANK THEM FOR THE REFERRAL? YES / NO _____
MARITAL STATUS _____ PREVIOUS MARRIAGE(s) _____
EMERGENCY CONTACT NAME _____ PHONE # _____

Second Client /Spouse/Partner Information

NAME _____
DOB _____
STREET ADDRESS _____ CITY _____ ZIP _____
TELEPHONE (h) _____ (wk) _____ (cell) _____
OCCUPATION _____
EMAIL _____
HIGHEST GRADE/DEGREE _____
MARITAL STATUS _____ PREVIOUS MARRIAGE(s) _____
EMERGENCY CONTACT NAME _____ PHONE # _____

Minor Client

CHILD(REN)'S NAME(S) and DOB: _____
STREET ADDRESS _____ CITY _____ ZIP _____
TELEPHONE (h) _____ (cell) _____
PARENTS' MARITAL STATUS _____
CUSTODY ARRANGEMENT _____
PERSON RESPONSIBLE FOR ACCOUNT _____

Treatment Information

CURRENT REASONS FOR SEEKING COUNSELING:

* Please specify whose information - if more than one client.

MEDICAL DOCTOR(S) _____
PHONE#(S) _____
PSYCHIATRIST(S) _____
PHONE #(S) _____

PAST/PRESENT MEDICAL CARE (specify: major problems, accidents, hospitalizations):

CURRENT MEDICATIONS (include dosage):

PAST/PRESENT COUNSELING:

1. Therapist: _____ Phone# _____

Initial reason for treatment _____ Length of treatment _____

2. Therapist _____ Phone# _____

Initial reason for treatment _____ Length of treatment _____

LIST ANY CURRENT PHYSICAL SYMPTOMS (such as appetite loss, overeating, low energy, insomnia, headaches, dizzy spells, numbness, epilepsy, chronic pain, anxiety, sweating, shakes, sleep disturbances, etc):

LIST ANY CURRENT EMOTIONAL SYMPTOMS (such as depression, crying spells, anxiety, fear, grief, hearing voices, angry outbursts, suicidal thoughts, nightmares, etc.):

PAST/PRESENT DRUG OR ALCOHOL USE/ABUSE (includes duration of use, sobriety or recovery, any involvement in AA/NA, etc.):

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, VIOLENCE OR SUICIDE:

Use space below to give further information.
