Family & Couples Information Form

Please fill this form out in its entirety and mail to the address below prior to your first scheduled appointment:

Legacy Family Counseling 3555 Keith St. Suite 110 Cleveland, TN 37312

Date ____________

Name: ____

Spouse/Partner: ____

Address: ______________________ City: ______________ Zip ____________

Home Phone: ______________ Cell Phone: ______________ Email: ______________

Referred by: ______________________ Address: ______________________

ADULT #1: Date of Birth: ____________ Age: __________ Sex: __________

Occupation: ____________________ Place of Business: ____________________

Work Address: ______________________________________ Zip __________

Work Phone: ______________ Cell Phone: ______________ Email: ______________

ADULT #2: Date of Birth: ____________ Age: __________ Sex: __________

Occupation: ____________________ Place of Business: ____________________

Work Address: ______________________________________ Zip __________

Work Phone: ______________ Cell Phone: ______________ Email: ______________

Check your current living situation.

☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Engaged

☐ Remarried ☐ Significant Other ☐ Widowed ☐ Cohabitating

For how long have you been married, divorced, etc.? ____________________

Have either you o r your spouse/partner been married before? ____________________

How long were each of you married to ex-spouse? ____________________

Children/Siblings (include biological, adopted, foster, step, etc.):

Name:	Sex:	Age:	Type (child or sibling and bio, step, etc.):	Living with you?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Is there any other person in your household? ☐ Yes ☐ No
If yes, please give their names and their relationship to your family.

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ADULT #1:
Are your parents living? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No
If yes, please give their names, address(es), and telephone number(s).

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ADULT #2:
Are your parents living? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No
If yes please give their names, address(es), and telephone number(s).

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PREVIOUS COUNSELING HISTORY

ADULT #1: From: __________ To: __________ With Whom? ______________

For What? ______________________________

ADULT #2: From: __________ To: __________ With Whom? ______________

For What? ______________________________

BASIC HEALTH

ADULT #1: ☐ Good ☐ Fair ☐ Poor When was your last physical exam? ______________

Who is your Physician? ______________________

Are you taking any prescription medication at this time? ☐ Yes ☐ No
If yes, What? ______________________________

Are you taking any over the counter medications, herbs, supplements, etc.? ☐ Yes ☐ No
If yes, what? ______________________________

Are you taking any medications for allergies? ☐ Yes ☐ No
If yes, what? ______________________________

Do you have any physical, emotional, or mental condition now or in the past that I need to be aware of? ☐ Yes ☐ No
If yes, what ______________________________

Have you ever been hospitalized? ☐ Yes ☐ No If so, for what? ______________

ADULT #2: ☐ Good ☐ Fair ☐ Poor When was your last physical exam? ______________

Who is your Physician? ______________________

Are you taking any prescription medication at this time? ☐ Yes ☐ No

If yes, What? ______________________________

Are you taking any over the counter medications, herbs, supplements, etc.? ☐ Yes ☐ No
If yes, what? ______________________________

Are you taking any medications for allergies? ☐ Yes ☐ No

If yes, what? ______________________________

Do you have any physical, emotional, or mental condition now or in the past that I need to be aware of? ☐ Yes ☐ No

If yes, what ______________________________

Have you ever been hospitalized? ☐ Yes ☐ No If so, for what? ______________________________

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CHILDREN: Do any of your children have any physical, emotional, or mental condition now or in the past that I need to be aware of?

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REASON(S) FOR SEEKING COUNSELING:

Briefly describe the problem for which you wish to have counseling?

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What would you like to see happen as a result of counseling?

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The thing which concerns me the most right now is?

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IT IS CUSTOMARY TO PAY YOUR THERAPIST AFTER EACH SESSION.

* A Counseling Session is normally ___ minutes.

Legacy Family Counseling ~ Cleveland, TN

POLICY

A ___-HOUR CANCELLATION NOTICE IS APPRECIATED; OTHERWISE USUAL FEE WILL BE CHARGED.

I understand that suicidal threats, homicidal threats or child abuse by an adult to a child will be reported.

I understand and give permission to my therapist to seek clinical supervision or consultation about my situation when necessary.

Signatures ______________________________ Dates ______________

______________________________ ______________

______________________________ ______________