

Cascade Counseling, Incorporated
Confidential Client Information

Client Name: _____
Last First Middle

Address: _____

City State Zip _____

E-mail _____ Marital Status: S/M/D/W

Phone: Home () _____ Work () _____

Okay for Mail at Home? _____ Yes _____ No

Okay for Calls at Home? _____ Yes _____ No

Okay for calls at Work? _____ Yes _____ No

Okay for E-mails? _____ Yes _____ No

Age: _____ Birthdate: ___/___/___ Birthplace: _____

Social Security Number _____

Education: No. of years _____ Degree: _____ Field: _____

Occupation: _____

Spouse:

Name: _____ Age: _____ Occupation: _____

Years Together: _____

Children:

Name _____ Age: _____

Lives with: _____

Name _____ Age: _____

Lives with: _____

Name _____ Age: _____

Lives with: _____

Name _____ Age: _____

Lives with: _____

Parents:

Fathers Name: _____ Age: _____

Occupation: _____

Mothers Name: _____ Age: _____

Occupation: _____

Brothers/ Sisters:

Name: _____ Age: _____

Occupation: _____

Name: _____ Age: _____

Occupation: _____

Name: _____ Age: _____

Occupation: _____

Name: _____ Age: _____

Occupation: _____

Name of Referral Source:

Okay to thank referral source? [circle one] Y N

Current Medications/Condition for which they are prescribed:

Current or Chronic Medical Conditions [include drug allergies]:

Had you had previous counseling? Y N

If yes, Name of Clinician Sessions from/to Counseling focus

Family History of [Check all that apply] Alcoholism? _____
Substance Abuse? _____ Mental Disorder? _____ Prolonged physical
illness? _____

Primary Care Physician: _____
Phone: _____

Have you ever been hospitalized for substance abuse, alcoholism, eating
disorders, or other psychiatric disorders? Y N

If yes, give details:

Client Employer:

Address:

City

State

Zip

Phone: _____

Your insurance information: Company: _____

ID: _____ Group number: _____

No benefits quotes received from an insurance company are a guarantee of
payment. The final responsibility of the client account remains with the
client regardless of insurance status. Benefits can only be determined by
submission of a claim to the insurance company.

What issues or concerns bring you into counseling today?

Client Signature: _____

Date: _____