



Agape Counseling Associates Client Information Form

Please complete all of Part I to the best of your ability. If you are the parent/legal guardian, please provide the information as it pertains to your child. All information is kept highly confidential. Please give this form to your counselor at the start of your appointment.

Part 1. To be completed by the Client:

Client Name: _____ DOB: _____ Race: _____
 Address: _____ E-mail: _____ M/F: _____
 Home Phone: _____ Highest Education/Degree Completed: _____
 Office Phone: _____ How did you hear about Agape? (Circle all that apply)
 Cell Phone: _____ Agape Client Friend Medical Doctor Church/Pastor Radio/Print Ad Phone Book Internet Other:

Who else may come to sessions with you?

*If the client is under 18, please provide the name, address and phone number of the parent(s)/legal guardian(s):

Current Employment

Full-Time Part-time Not Currently
 Position: _____
 Employer: _____
 Address: _____
 Annual Household Income: \$ _____

Current Marital Status

Single Married Widowed Separated Divorced Remarried

	Name	Dates of Marriage	Reason for End
Current Spouse	_____	_____	_____
Previous Spouse	_____	_____	_____
Previous Spouse	_____	_____	_____

Physical Health

Primary Physician _____ Date/Report of Last Physical _____
 If you enter treatment with Agape, may we contact your medical doctor so that we might coordinate treatment? Yes No
 Serious Illnesses/Injuries in Past Ten Years _____
 Medications Currently Taking _____
 Recently, have you experienced a significant change in your...
 Weight? Yes No If Yes, explain: _____
 Sleep patterns? Yes No If Yes, explain: _____
 How often do you exercise per week? 0-1 days 2-3 days 4-5 days More than 5 days
 Do you or have you in the past...
 Smoke? Yes, now Yes, in the past Never Comments: _____
 Drink Alcohol? Yes, now Yes, in the past Never Comments: _____
 Use Illegal Drugs? Yes, now Yes, in the past Never Comments: _____

Family History

	Name(s)	Age/Age at Death	Illnesses/Cause of Death	Quality of Relationship
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Step Parent(s)	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____

Are you adopted? Yes No

Family History (con't)

<u>Children's' Names</u>	<u>Age</u>	<u>M/F</u>	<u>Live at Home?</u>	<u>From Previous Marriage?</u>	<u>Stepchild?</u>	<u>Quality of Relationship</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Mental Health

Describe the chief concern that brings you to Agape. How long have you been dealing with this issue? _____

<u>Have you ever received psychological or psychiatric counseling services before?</u>	<u>Yes, now</u>	<u>Yes, in the past</u>	<u>Never</u>
<u>When?</u>	<u>For What?</u>		<u>With What Results?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If necessary, may we contact these professionals? Yes No
 Have you ever taken medications for psychiatric problems? Yes No If Yes, explain: _____
 Have you ever been abused - physically, emotionally, sexually? Yes No If Yes, explain: _____

What are three things you like about yourself or see as your personal strengths? _____

What are three things you would like to change about yourself? _____

Spiritual Health

How often do you attend church / Worship Services? Often Sometimes Rarely Never
 Which church (es), if any, do you attend? _____
 Have you shared your current concerns with your Pastor/Priest? Yes No Comments: _____

Your Commitment

- 1. I understand that because the counselor has reserved time exclusively for me, it is essential that I notify the Agape Office at least **24 hours** in advance if it is necessary to cancel my appointment. I understand that I may be charged my regular fee for "no show" or late cancellations, with the exception of illness or emergencies.*
2. I have read the introductory letter and have had an opportunity to ask any questions.
3. I have received and signed the financial contract.

Signature _____ Date _____

Part 2. To be completed by the Counselor:

Counselor ID _____

PP#: 1. _____ 2. _____ 3. _____

Follow Up Appt Sched. Yes No Not Yet, but expected Dbse Entry _____
 Revised 2-5-09