

CenterPoint Counseling
ADULT Client Information

Date of Initial Session: _____

Therapist: _____

Client Name: _____		Date of Birth: _____			
Address _____		City _____	State _____ Zip _____		
Home Phone(____) _____		Work Phone (____) _____			
Cell Phone (____) _____		Other Phone (____) _____			
Employer _____		Email: _____			
Emergency Contact _____					
Name		Relationship		Phone	

Partner/Spouse Name: _____		Date of Birth: _____			
Address (If Different) _____		City _____	State _____ Zip _____		
Home Phone(____) _____		Work Phone (____) _____			
Cell Phone (____) _____		Other Phone (____) _____			
Employer _____		Email: _____			
Emergency Contact _____					
Name		Relationship		Phone	

Used for statistical analysis only. Information is compiled and anonymity of all clients is maintained.		
<u>Annual Household Income</u>	<u>How did you hear about us?</u> <small>(please identify)</small>	Are you a member of, or do you regularly attend Second Presbyterian Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Under \$30,000	<input type="checkbox"/> Attorney _____	If not at Second, do you regularly attend another church? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$30,000 - \$40,000	<input type="checkbox"/> Friend _____	
<input type="checkbox"/> \$40,000 - \$50,000	<input type="checkbox"/> Family _____	Would you like to be added to our mailing list to receive newsletters from CenterPoint Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$50,000 - \$60,000	<input type="checkbox"/> Pastor _____	
<input type="checkbox"/> \$60,000 - \$70,000	<input type="checkbox"/> Physician _____	
<input type="checkbox"/> \$70,000 - \$80,000	<input type="checkbox"/> Insurance _____	
<input type="checkbox"/> \$80,000 - \$100,000	<input type="checkbox"/> Yellow Pages or Internet	
<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> Other _____	

Communication of Private Mental Health Information Authorization	
Please (✓) all acceptable forms of communication to provide quality client care.	
<input type="checkbox"/> I authorize the staff of CenterPoint to leave a message regarding my Private Health Information on home voicemail/answering machine.	
<input type="checkbox"/> I authorize the staff of CenterPoint to leave a message regarding my Private Health Information on work voicemail/answering machine.	
<input type="checkbox"/> I authorize the staff of CenterPoint to leave a message regarding my Private Health Information on mobile voicemail.	

I acknowledge that the above information is correct and hereby give permission for communication of my private mental health information by the acceptable forms checked above.

Signature _____ Date _____

IF THE CLIENT IS A DEPENDENT CHILD (UNDER 18), PLEASE REQUEST A "MINOR/CHILD CONSENT FORM."