



# La Vie Counseling Associates

## LaVie Counseling Associates Personal Information (adult)

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_ Marital Status: *S M D W* Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who lives with you? \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Education (highest grade / degree completed) \_\_\_\_\_ Currently a student?  Y /  N

If client is a minor, name of responsible adult \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your occupation \_\_\_\_\_ Email address: \_\_\_\_\_

Employer Name and address \_\_\_\_\_

Spouse's occupation \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer Name and address \_\_\_\_\_

Net monthly income \_\_\_\_\_ Do you have group, union, or personal health insurance?  Y /  N

Insurance ID # \_\_\_\_\_ Insurance company (behavioral/mental health) \_\_\_\_\_

Insurance billing address: \_\_\_\_\_ Insured's date of birth: \_\_\_\_\_

Please write a brief summary of you are seeking help at this time: \_\_\_\_\_

Please check the problem areas where you feel you need help:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> personal relationship | <input type="checkbox"/> legal / police | <input type="checkbox"/> drinking problem |
| <input type="checkbox"/> marital               | <input type="checkbox"/> sexual         | <input type="checkbox"/> financial        |
| <input type="checkbox"/> family                | <input type="checkbox"/> emotional      | <input type="checkbox"/> drugs            |
| <input type="checkbox"/> child rearing         | <input type="checkbox"/> incest         | <input type="checkbox"/> other _____      |

Previous psychological counseling?  Y /  N Therapist: \_\_\_\_\_

Where: \_\_\_\_\_ Duration: \_\_\_\_\_

Are you currently taking medication?  Y /  N Type: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referring physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

May we say who we are if we phone your home?  Y /  N ... if we phone your work?  Y /  N