CONSCIOUS CHOICES

# Conscious Choices
## Client Information Form

Today's date: _____

### CLIENT INFORMATION

| | | | | |
|---|---|---|---|---|
| Client's last name: First: Middle: | | | ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. | Marital Status (circle one) ○Single /○Mar /○Div /○Sep /○Wid |
| Is this your legal name? ☐ Yes ☐ No | If not, what is your legal name? | (Former name): | Birth date: / / | Age: Sex: ☐ M ☐ F |
| Street address: | | Social Security no.: | | Home phone no.: ( ) |
| P.O. Box: | City: | State: | | ZIP Code: |
| Client's Occupation: | Employer: | | | Employer phone no.: ( ) |
| Spouse's Occupation: | Employer: | | | Employer phone no.: ( ) |

Chose clinic because/Referred to clinic by (please check one box): ☐ Dr. ☐ Insurance Plan ☐ Hospital ☐ Family ☐ Friend ☐ Close to home/work ☐ Yellow Pages ☐ Other

Other family members seen here:

### FAMILY MEMBERS

(Please list your mother, father, and children.)

| Name | Birth Date | Address (if different) | Home phone no. | Role |
|---|---|---|---|---|
| | / / | | ( ) | Mother |
| | / / | | ( ) | Father |
| | / / | | ( ) | |
| | / / | | ( ) | |
| | / / | | ( ) | |
| | / / | | ( ) | |
| | / / | | ( ) | |

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## CONTACT INFORMATION

(Please tell us how we may contact you)

| Place | Phone Number | Okay to Call | Okay to Leave Message |
|---|---|---|---|
| Home | (  ) | ☐ | ☐ |
| Work | (  ) | ☐ | ☐ |
| Cell | (  ) | ☐ | ☐ |
| Family Medical Doctors | | ☐ | ☐ |
| | | ☐ | ☐ |

Email Address: ☐ Okay to send info about classes & worshops

## FAMILY HISTORY

**History of Pregnancies**

| Is anyone currently preganant? ☐ Yes ☐ No | What Trimester? | Who? |
|---|---|---|
| Prior pregnancy? ☐ Yes ☐ No | Miscarriages? ☐ Yes ☐ No | Abortions? ☐ Yes ☐ No |

**Marital History**

Are you currently?
☐ Married ☐ Divorced ☐ Separated ☐ Engaged
☐ Living Together

How long have you been this way?

Do you have a history of affairs?
☐ Currently ☐ In the past

Ethnicity:

Religious/Spiritual History:

Educational Level (Highest degree earned for each family member):

Any history of substance abuse in current or past generations? If so, please describe who, what, and when in this space.
☐ Yes ☐ No

Any history of criminal convictions in current or past generations? If so, please describe who, what, and when in this space.
☐ Yes ☐ No

Any history of trauma? If so, please describe who, what, and when in this space.
☐ Yes ☐ No

Any history of sleeping problems? If so, please describe who, what, and when in this space.
☐ Yes ☐ No

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Any history of eating problems? If so, please describe who, what, and when in this space.

☐ Yes ☐ No

Any previous therapy? If so, please tell us who the therapist was, who went, when they went, and how long they went.

☐ Yes ☐ No

| Who | Medication | Dose |
|---|---|---|
| | | |

## CANCELATION POLICY

**I UNDERSTAND THAT WHEN I BOOK A SESSION, THIS TIME IS RESERVED EXCLUSIVELY FOR ME. I AGREE TO GIVE AT LEAST 2 BUSINESS DAYS NOTICE IF I NEED TO RESCHEDULE OR CANCEL A SESSION. IF I GIVE LESS THAN 2 BUSINESS DAYS NOTICE, I AGREE TO PAY FOR THE MISSED SESSION.**

## IN CASE OF EMERGENCY

| Name of local friend or relative (not living at same address): | Relationship to client: | Home phone no.: ( ) | Work phone no.: ( ) |
|---|---|---|---|
| | | | |

The above information is true to the best of my knowledge. I understand that I am financially responsible the day of the session unless other arrangements are made in advance. I also authorize Conscious Choices to charge my credit card if I do not pay the balance.

_____ _____

Patient/Guardian signature Date

_____ _____

Patient/Guardian signature Date

_____ _____

Patient/Guardian signature Date

_____ _____

Therapist signature Date

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