

# Plano Counseling Solutions

## PERSONAL DATA

Date:

Cell Phone:

Home Phone:

Name:

Work Phone:

Email:

Please circle where we may leave a message

Address:

*(Street, City, Zip Code)*

DL#, ST, Exp Date:

SS #:

DOB:

Sex:

Occupation:

Employed by:

How long?

Marital Status:   Single   In a Relationship   Married   Separated   Divorced   Widowed

Name of Spouse/Significant Other

Years Married/Together:

List Any Previous Marriage/Serious Relationship :

*(Name of Person, Years Together, Years Apart, and Do You Still Keep In Contact?)*

List All of Your Children:

Name of Child	DOB	Sex M F	Living? Y N	Highest Grade?	Marital Status	Live With You?	Current or Previous Relationship?

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List All of Your Siblings:

Name of Sibling	DOB	Where Do They Live?	Living?		Healthy?		Keep In Contact?		Same Dad?		Same Mom?	
			Y	N	Y	N	Y	N	Y	N	Y	N

Rate Your Health:            Very Good            Good            Average            Declining            Poor

Name of Your Physician:

Dr. Office's Phone #:

Name of Your Psychiatrist:

Dr. Office's Phone #:

List Any Medications You Are Currently Consuming (*Name, Dosage, & Frequency*):

List All Important Present or Past Illness/Injuries/Handicaps:

Have You Ever Been Hospitalized for Mental Illness or Substance Abuse? If yes, please list the Name of the Hospital, Dates of Stay, Reason for Hospitalization, and Outcome:

Have You Ever Had Any Counseling or Psychotherapy Session? If yes, please list the Name of the Clinician, Dates of Service, the Issue You Sought Assistance For, and Whether You Found Counseling Helpful in Resolving Your Issue.

# *Plano Counseling Solutions*

What is going on in your life that made you seek counseling at this time?

**Payment Method:** Circle who is responsible for payment:    **Self**    **Relative**    **Insurance Carrier**

**Name of EAP Provider or Insurance Carrier/Plan:**

**Name of the Insured:**

**Insured's ID#:**

**Insured's Group#:**

**Insured's DOB:**

**Insured's Employer:**

**Insured's Address:**

**Who Can We Contact in the Metroplex in Case of Emergency?**

**Name:**

**Name:**

**Relationship to Self:**

**Relationship to Self:**

**Home Phone #:**

**Hone Phone #:**

**Cell/Work #:**

**Cell/Work #:**

**Address:**

**Address:**

How did you hear about us?

I solemnly swear that all of the information given on this form is true, to the best of my knowledge. I understand that, if any of the given information changes, I will advise the office of Plano Counseling Solutions before my next appointment.

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**Signature of Client**

**Date**