

Wyandot Counseling Associates
102 S. Sandusky Avenue
Upper Sandusky, Ohio 43351
Telephone: (419) 294-1212 Fax: (419) 294-6336

CLIENT INFORMATION
(info should be for primary person)

Today's Date _____
Name _____ Home Phone _____
Address _____ Cell Phone _____
Date of Birth _____ Cell Carrier _____
SS # _____ Can we text appointment reminders? _____

Email address _____

Marital Status _____ Spouse's Name _____
Years married to current spouse _____ Number of times you have been married _____

Please list all household members

<u>Name</u>	<u>Relationship to you</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children who don't live with you? _____ If yes, who and where do they live? _____

Are you still in school? _____ Where do you attend? _____
How far have you gone in school? _____ Military Status _____
Current Occupation _____ Place of Employment _____
Length of time at this job _____

Who referred you for counseling? _____
Have you ever received counseling or treatment for personal problems or substance abuse before? _____ If yes, where and when? _____

Primary Insurance

Insurance Co: _____ Policy # _____ Group # _____
Subscribers Name: _____ SS# _____ DOB _____
Address if different than client: _____
Phone: _____ Relationship to client _____

Secondary Insurance

Insurance Co: _____ Policy # _____ Group # _____
Subscribers Name: _____ SS# _____ DOB _____
Address if different than client: _____
Phone: _____ Relationship to client _____

Who is your family physician? _____
Are you currently being treated for any medical problems? _____
If yes, what and where? _____

Any known allergies? If yes, what _____

Are you currently taking any medication? _____

Are you currently on probation, parole, or involved with any court? _____
If yes, where and for what? _____

Have you ever been convicted of a crime? (other than traffic offenses) _____
If yes, what and when? _____

Have you or has anyone in your immediate family (parents, brothers, sisters, grandparents, aunts, or uncles) ever had any of the following problems? Please note who the person is.

Alcoholism _____	Violent Temper _____
Drug addiction _____	Nervous breakdown _____
Depression _____	Suicide _____
Anxiety _____	Severe Mental Illness _____

Last 90 days
Current use of alcohol (how much, how often) _____ At what age did you begin to drink? _____
Current use of tobacco _____ At what age did you begin? _____

Current use of other drugs

Marijuana _____	Ecstasy _____
Cocaine _____	Crack _____
Methamphetamine _____	Tranquilizers _____
Pain medications _____	Other _____

Have you abused alcohol or drugs in the past? _____ At what age did you begin? _____
If yes, please describe _____

Were you ever physically, verbally, sexually abused as a child? _____ If yes, explain briefly

Have you experienced any severe trauma in your life? (victim of violence, serious accidents, war, natural disaster, etc.)
_____ If yes, explain briefly _____

Have you had any major losses in the past year? _____
(death of loved one, loss of physical functioning, loss of job, etc.)

