

Touchstone Counseling  
105 Commons Way  
Greenville, SC 29611  
(864) 451-2258 (office)  
(888) 817-0606 (fax)

## Client Information

Today's date: \_\_\_\_\_

**Note:** If you have been a patient here before, please fill in only the information that has changed.

### A. Identification

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Parent/Guardian (For minor under 18) \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

### B. Referral: Who gave you my name to call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May I have your permission to thank this person for the referral?  Yes  No

How did this person explain how I might be of help to you? \_\_\_\_\_

### C. Religious and racial/ethnic identification

Current religious denomination/affiliation  Protestant  Catholic  Jewish  Islamic  Buddhist  Hindu

Other (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Which (if any) church, synagogue, temple, or meeting are you involved with? \_\_\_\_\_

Ethnicity/national origin: \_\_\_\_\_ Race: \_\_\_\_\_ or other similar way  
you identify yourself and consider important: \_\_\_\_\_

### D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

**E. Your current employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ or other means of communication \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

**F. Emergency information**

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Significant other/nearest friend or relative not residing with you: \_\_\_\_\_

**G. Your education and training**

| Dates |    | Schools | Special classes? Adjustment to school | Did you graduate? |
|-------|----|---------|---------------------------------------|-------------------|
| From  | To |         |                                       |                   |

**H. Employment and military experiences**

| Dates |    | Name of employers | Job title or duties | Reason for leaving |
|-------|----|-------------------|---------------------|--------------------|
| From  | To |                   |                     |                    |

**I. Family-of-origin history**

| Relative Name | Current age (or age at death) | Illnesses | Education | Occupation |
|---------------|-------------------------------|-----------|-----------|------------|
|---------------|-------------------------------|-----------|-----------|------------|

Father

Mother

Brothers

Sisters

Stepparents

Grandparents