

Client Information Sheet

Pastoral Counseling and Education Center
4525 Lemmon Avenue, Suite 200, Dallas, TX 75219
phone: 214/526-4525 fax: 214/520-6468

Today's Date: _____ Date of First Session (if different): _____

First Name: _____ Middle Name or Initial: _____

Last Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ OK to leave message? _____

Mobile Phone: _____ OK to leave message? _____

Work Phone: _____ Ext.: _____ OK to leave message? _____

Birth Date: _____ SS#: _____

Employment: _____

Gender: _____ Relationship Status: _____ Ethnicity: _____

Please list present medications: _____

Physician: _____ Phone: _____ Fax: _____

Emergency Name: _____ Phone: _____ Relation: _____

In case of concern for your life and safety or the life and safety of others, your counselor may decide to notify the emergency contact person listed on the front of this form. Your initials here indicate your permission and acceptance of this. _____

How were you referred to the Counseling Center? _____

Would you give permission for the Counseling Center to contact the person who referred you?

Initial your choice: yes _____ no _____

Faith Preference: _____

Previous counseling, if so when and with whom: _____

Do you plan to use your health insurance?

Yes _____ No _____