JoMo Counseling

Admission Sheet

Thank you for filling out all of the information below.

Client's Name_____**Date**_____**Soc. Sec. #**_____
First Middle Last

Date of Birth_____ **Age**_____ **Gender**_____

Mailing Address_____
Street City State Zip

Email: _____

Telephone: Home _____**Business**_____ **Cell** _____

Marital Status: (circle) S M D W Sep. Common Law Will spouse join in session? Yes _____No_____

Spouse's Name _____**Spouse's Birthday**_____
First Middle Last

Children:

Name _____**Age** _____ **Name** _____ **Age** _____

Name _____ **Age** _____ **Name** _____ **Age** _____

Church _____**City** _____**Pastor**_____

Education: (circle) 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Grad Masters Doctorate

Occupation: _____**How long employed there?** _____

Employer's Name_____

Address_____
Street City State Zip

Medical Data: Date of last complete exam _____**By Dr:** _____

Previous counseling? Yes _____**No** _____**# of sessions** _____**Counselor**_____

Previous alcoholic/drug treatment: Yes _____**No**_____**# of sessions** _____**Where?** _____

Physical Problems: _____

Are you taking any medications? Yes ____**No**_____ **Prescribing Dr(s)**_____

Name & Dosage: _____

Name & Dosage: _____

Reason for counseling need: _____

Referred by: _____

Signature gives approval for Thank You letter to be sent to referral source_____