

Means Family Counseling

Admission Date: _____
Admission Type : __NEW ADMISSION __READMISSION
Client #: _____ (Office Use Only)

General Information

First Name: _____ Middle: _____ Last: _____

Address:(street) _____ (city) _____ (state) _____ (zip) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____

SS#: _____ Sex: _____ Race: _____ DOB: _____

Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced: _____ Other: _____

Employer: _____ Job Title/Position: _____ Yrs in position: _____

Spouse's Name: _____ **SS #:** _____

Spouse's Employer: _____ **Position:** _____

Home Address: (street) _____ **(apt #)** _____

(city) _____ **(state)** _____ **(zip)** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____

Other Family Members Names (if in session): _____

Emergency Contact: _____ Relationship: _____

Referral Source:(name) _____ (address) _____ (phone) _____

Reason for Referral: _____

Referred or found us by: _____

WE WILL NEED TO CONTACT YOU TO CONFIRM AN APPOINTMENT TIME; PLEASE INDICATE HOW WE MAY DO THIS IF YOU ARE NOT AVAILABLE WHEN WE CALL. PLEASE INITIAL ALL THAT APPLY:

- _____ ◆ Leave appointment time on answering machine/voice mail
- _____ ◆ Leave appointment time with
- _____ ◆ Leave a callback number as message ... "Mark or Andrea from the center..."
- _____ ◆ E-mail appointment information

Thank you for choosing Means Counseling Center. We recognize that you have a choice when considering counseling providers, and we appreciate your confidence in us. We are pleased to offer the highest quality of counseling services to you. In exchange we expect and appreciate your cooperation with our staff and treatment recommendations. If, at any time you become dissatisfied with the services you are receiving or desire to change a therapist, please discuss these concerns with your therapist; we will try to accommodate you when appropriate or assist in referral to another agency.