RK COUNSELING

Client Information
Please print clearly

Date: _____

Client Name: _____Pronouns:_____ DOB: _____

Address: _____Zip code_____ Phone #: _____
Ok to leave message: YES NO
SSN_____ Referred by: _____
Would like to receive reminders via: (check all that apply) ___text ___email ___voice mail ___decline

Email address: _____

Relational Status: Married/Cohabitating Separated Divorced Widowed Single

Race: ____Caucasian / Hispanic ____African-American ____Indian (i.e. American, Alaskan, Eskimo)
___Chinese / Japanese ____Hawaiian ___Filipino ___Asian / Pacific Islander __Other non-white

Current concerns (Check the areas that apply):

- ☐ School
- ☐ Anger
- ☐ Family
- ☐ Relationships
- ☐ Eating issues
- ☐ Transition adjustment
- ☐ Career choice
- ☐ Depression/sadness
- ☐ Grief/loss
- ☐ Anxiety/Stress
- ☐ Abuse
- ☐ Divorce in family
- ☐ Loneliness
- ☐ Trauma
- ☐ Health
- ☐ Insecurity
- ☐ Sexuality
- ☐ Suicidal thoughts
- ☐ Substance abuse
- ☐ Other:_____ _____

Are you **currently** receiving counseling? NO YES

Have you received counseling in the past? NO YES
If *yes with whom?*_____

What is your goal for counseling: _____

Medical problems: _____

List Current Medications: _____

Emergency Contact: _____
(if minor: Parent/ Guardian Name and Address)