CCFT
CENTER FOR COUNSELING AND FAMILY THERAPY

The information in your medical record is confidential. Your written consent will be required for release of information except in the case of a court order or extreme safety concerns.

Case #_____

Client Contact Information

Legal Name _____Date _____

Name used: _____ Pronouns: _____

Address _____

City, State, Zip _____

Phone Number (home) _____ (cell) _____ (work) _____

Birth Date _____ Age _____ Occupation _____
(mm/dd/yr)

Should we need to contact you, may we leave a general message? (Ex: "Hi, this is _____ from Saint Louis University. Would you please call me at 977-2505")

Please indicate: ☐ Yes or ☐ No **Best number to use**: Home Phone ____; Work Phone ____; Cell Phone ____

Emergency Contact's Name _____ Phone_____

Relationship to you _____

Is the client a minor?
☐ YES
☐ NO

Does the client have guardianship of self?
☐ YES
☐ NO

Legal Guardian's Name _____ Relationship to Client _____

Address (*if different than above*) _____ Phone _____

To follow is information for demographic purposes only and will not affect your care

Ethnicity (mark all that apply):
☐ African American/Black
☐ White/Caucasian
☐ Hispanic/Latinx
☐ Multiracial
☐ Native American/First People
☐ Asian
☐ Middle Eastern
Another: _____

Veteran Status:
☐ Veteran
☐ Not a veteran

Preferred Language:
☐ English
☐ Español
☐ Another: _____

Relationship status (mark all that apply):
☐ Single
☐ Significant other
☐ Cohabitating
☐ Engaged
☐ Married/Partnered
☐ Separated
☐ Divorced
☐ Widow

Education completed (mark highest):
- ☐ Grade school/Junior High
- ☐ Some High School
- ☐ High School Diploma/GED
- ☐ Some College
- ☐ College Diploma (AA or BA/BS)
- ☐ Some Graduate School
- ☐ Graduate or Professional Degree
- ☐ Technical Degree

Employment Status:
- ☐ Employed PART TIME
- ☐ Employed FULL TIME
- ☐ Student PART TIME
- ☐ Student FULL TIME
- ☐ Retired
- ☐ Not employed
- ☐ OTHER _____

What was your sex assigned at birth?
- ☐ Female
- ☐ Male
- ☐ Intersex

Do you identify as transgender or transsexual?
- ☐ Yes
- ☐ No
- ☐ Don't know

Do you think of yourself as:
- ☐ Lesbian, gay, or same-sex attracted
- ☐ Straight or heterosexual
- ☐ Bisexual or pansexual
- ☐ Queer
- ☐ Something else _____
- ☐ Don't know

What is your gender identity?
- ☐ Female
- ☐ Male
- ☐ Genderqueer or not exclusively male or female
- ☐ Something else _____
- ☐ Don't know

What is your annual income?
- ☐ $1,000 - $9,999
- ☐ $10,000 - $19,999
- ☐ $20,000 - $39,999
- ☐ $0,000 - $59,999$60,000 - $4,999
- ☐ $75,000 - $99,999
- ☐ OVER $100,000

How many people (including you) does your income support?

_____

Current Reason for Seeking Counseling. *Briefly describe the issues that you would like to address in counseling*

_____

_____

_____

_____

Care History

Please select past mental health services you have received:
- ☐ Counseling services for myself
- ☐ Family therapy for me and a family member
- ☐ Couples therapy for me and my partner
- ☐ Psychiatric services
- ☐ Medication management by a physician
- ☐ Drug or alcohol services
- ☐ Inpatient services
- ☐ none

Does anyone in your family have a history of emotional or mental health issues?
- ☐ Yes
- ☐ No

Primary Physician's Name

_____

Date of Last Exam _____

****

Psychiatrist's Name

_____

Date of Last Appointment _____

Are you currently taking any medication(s)?

☐ No
☐ Yes

Please list any medications you are currently taking:

Medication Name	Purpose/Treatment

Family Relationships

Who lives in your household?

Name	Age	Gender Identity	Relationship

Do you have children who *do not live at home*? Please list below.

Name	Age	Current Location

On a scale of 1 to 10, with 1 being the least hopeful and 10 being the most hopeful, how hopeful are you that therapy will help to resolve the problem you are bringing to counseling? (circle a number below)

1 2 3 4 5 6 7 8 9 10

How did you hear about the Center for Counseling and Family Therapy?

- ☐ Agency _____
- ☐ Doctor _____
- ☐ Hospital _____
- ☐ Internet search
- ☐ Mental Health Worker _____
- ☐ School _____
- ☐ Walk-In _____
- ☐ Other _____