

*Humanistic Counseling Center  
Family Achievement Center*

Therapist \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ (if applicable) Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email\* \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_ SSN \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Sp Age \_\_\_\_\_ Sp Employer \_\_\_\_\_

Who Currently lives in your household? \_\_\_\_\_

Names and Ages of children, if any \_\_\_\_\_

Your mother's age \_\_\_\_\_ & marital history \_\_\_\_\_

Your father's age \_\_\_\_\_ & marital history \_\_\_\_\_

Name and ages of brothers and sisters \_\_\_\_\_

Have you ever been in counseling before? YES NO If yes, when, with who, & for how long? \_\_\_\_\_

List any medical problems, serious injuries or hospital admission you have had \_\_\_\_\_

List present medications \_\_\_\_\_ Allergies \_\_\_\_\_

How much alcohol do you drink weekly? \_\_\_\_\_ Do you have addictive behavior patterns? YES NO

Any history of alcoholism, addictive behaviors, or abuse in the home you grew up in? YES NO Who? \_\_\_\_\_

Was the problem long lasting? YES NO Are you concerned about any possible addictions you may have? YES NO

If yes, please describe: \_\_\_\_\_

What changes would you like help with? \_\_\_\_\_

*\*We have permission to contact you through non-secure email*

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Person to call in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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*Avon • Brecksville • Brunswick • Chagrin Falls • Cleveland Heights  
Euclid • Lyndhurst • Mentor • Middleburgh Heights • North Olmsted • Painesville  
Pepper Pike • Richfield • Rocky River • Shaker Hts • Stow • Warrensville Heights • West Park • Willoughby*