

Passage Counseling

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Adult Contact Information

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Gender: _____ Legal Sex: Male Female

Marital Status (circle one) Single Married Separated Divorced Widowed Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home: _____ Work: _____ Cell: _____

By giving these numbers I give permission for a message to be left for me.

In case of Emergency Contacts:

Initial Here _____ that I understand that in the event of an emergency/crisis, or if the therapist is unable to clearly determine factors to ensure my own safety or that of someone else in the middle of my Teletherapy Session, my therapist has the right to contact the individuals listed below.

1) Personal Contact: _____

Phone Number (s): _____ Relationship: _____

2) Personal Contact: _____

Phone Number (s): _____ Relationship: _____

3) Professional Contact: _____ Phone Number (s): _____

(Doctor or Psychiatrist/if not under a physician's care, write NONE)

My Goal for Therapy is: _____

My Strengths are: _____

My Weaknesses are: _____

Something I want the Therapist to know about me is: _____

I verify that all the above information is correct and true to the best of my knowledge.

Signature

Date