Ellen Wilkins Counseling and Therapy
Ellen Wilkins, LMFT, PT
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Couple & Family Information Form

Client Name ____ Date __________________

Address ____ Zip Code ______________

Occupation ____

Telephone (Mobile) ________________________________ (Other phone) ______________________________

Email ____ Date of Birth ______________________

Marital Status ___ Single ___ Married ___ Separated ___ Single again ___ Widowed

Education (grade level if student)____

Client/Spouse/Parent/Other ____

Address (other) ____Zip Code ______________

Occupation ____

Telephone (Mobile) ________________________________ (Other phone) ______________________________

Email ____ Date of Birth ______________________

Marital Status ___ Single ___ Married ___ Separated ___ Single again ___ Widowed Education (grade level if

student)____

Emergency Contact- Name & Relationship ____
Phone ____

Briefly describe what you hope to achieve in therapy ____
____
____

Dates of Previous Counseling & Counselor's Name ____

____

Reason____

Have you ever been hospitalized for a psychiatric disorder? _________________________________

Dates of hospitalization __________________________ Hospital ______________________________

Reason ____

Please list any health problems & note whether current or past ____________________________

____

Please list any psychiatric medications you are currently taking and who is prescribing them _____________

____

Please list any other medications you are currently taking, and who is prescribing them _______________

____

Do you have a religious affiliation? _____ yes _____ no

Please specify____

List members of family and/or all others living in client's home: Name gender age relationship to client

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How did you learn about Ellen Wilkins Counseling and Therapy?

_____ internet search – keyword _______________________________

_____ Psychology Today

_____ Theravive

_____ referral

- _____ previous client – name ______________________________
- _____ medical provider – name ______________________________
- _____ other – name ______________________________