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Ellen Wilkins Counseling and Therapy
Ellen Wilkins, LMFT, PT
2817 West End Avenue, Suite 205
Nashville, TN 37203
615-308-8680

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 _____