

PATHWAYS: Counseling and Consulting Services, Inc.
Maria Adigweme, LMHC,CAP

CLIENT INFORMATION

NAME _____ DATE OF BIRTH _____ SEX: ___ MALE ___ FEMALE

MARITAL STATUS: ___ SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED ___ OTHER

HOME ADDRESS _____

Please list at least two numbers that you can be reached at.

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

PHONE NUMBER YOU GIVE US PERMISSION TO CONTACT IN CASE OF EMERGENCY: _____

ASK FOR: _____

SOCIAL SECURITY NUMBER _____ EMPLOYER _____

REASON FOR VISIT _____

THOUGHTS OF HURTING YOURSELF? ___ YES ___ NO

THOUGHTS OF HURTING OTHERS? ___ YES ___ NO

IF A MINOR: LEGAL GUARDIAN _____

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY _____ TELEPHONE NUMBER _____

INSURED'S NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ RELATIONSHIP TO CLIENT _____

ADDRESS _____ TELEPHONE _____

POLICY NUMBER _____ GROUP NUMBER/EMPLOYER _____

SECONDARY INSURANCE COMPANY _____ TELEPHONE _____

INSURED'S NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ RELATIONSHIP TO CLIENT _____

ADDRESS _____ TELEPHONE _____

POLICY NUMBER _____ GROUP NUMBER/EMPLOYER _____

REFERRAL INFORMATION

REFERRED BY _____ MAY WE THANK HIM OR HER? ___ YES ___ NO