

Eric Wolf LCSW
Licensed Clinical Social Worker

Adult Information Form

Date: _____

Client's Name (Last, First, MI): _____

Parent or Guardian's Name: _____

Date of Birth: _____ Age: _____ Gender Identity: _____

Address: _____
Street (Apt No.) City State Zip

Telephone number: _____ Ok to leave message? _____

Email address: _____

Preferred Method of Contact: _____

Ethnicity/Race: _____ Marital Status: _____

Occupation/School: _____ Sexual Orientation: _____

Religious/Spiritual Affiliation: _____ How often do you attend? _____

Emergency contact (for medical emergency only)

Name, phone: _____ Relationship? _____

Do I have permission to contact this person in event of emergency? Y/N Initial

Please give a brief summary of the reasons that you are seeking counseling: _____

What are the most important qualities you look for in a counselor? _____

Past experiences with counseling or mental health treatment:

Name: _____ Date: _____ Positive? Y/N

Would you like me to contact your prior therapist? Y/N (will complete ROI if Yes)

Please list any medications you are currently taking: _____

How did you find out about my practice? _____

May I have your permission to thank this person and use your name? _____ Yes, use my name

_____ No, do not use my name. Contact info: _____