

DORCAS K. HUTTON, MS, LCPC, NCC

LICENSED COUNSELOR

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Client Information

Demographic Information

Full name: _____
 First Middle Last

Nickname: _____

Client's birthdate: _____ Age: _____ Gender: Male Female

Address line 1: _____

Address line 2: _____

City/State/ZIP: _____

Mobile phone: _____ Messages: Voice OK? Text OK?

Home phone: _____ Discretion advised: Yes No

Other phone: _____ Discretion advised: Yes No

Email _____

How do you prefer that we contact you? _____

Ethnicity: African American Asian/Pacific Islander Caucasian/White
 Hispanic/Latino(a) Native American Other

If client is a minor, please provide information:	
Mother's name: _____	Father's name: _____
Birthdate, for insurance _____	_____

Physical disability: No Yes Describe: _____

Mental disability: No Yes Describe: _____

Health:

Last doctor's visit _____ Physician's name: _____ Phone _____
 Date

May we release information as needed to your primary care physician? Yes No

Medications: _____

Reasons: _____

Briefly describe your medical health, problems, and any hospitalizations

Please complete and sign reverse side

If under psychiatric care, alcohol or drug treatment, doctor's name and brief explanation:

May we release information as needed to the above-named doctor? Yes No

Describe current and past use of alcohol, caffeine and/or smoking:

Describe any past counseling: _____

Household Status:

Marital Status: Married Single Separated Divorced Widowed

Currently living with your partner? Yes No Partner's name _____

Is your partner employed? Yes No Disabled? Yes No

Do you have any children? Yes No Living with you? Yes No

Names/Ages of children: _____

Background Information

Education: No schooling Student No high school Some H.S H.S Grad
 Vocational training College (0-3) College Degree Advanced degree

Estimated annual household income: 0-10,000 10,000-25,000
 25,000-50,000 50,000-75,000 75,000-100,000 Over 100,000

Source of income: Wages/salary Alimony Child support
 Retirement Social Security Unemployment Other _____

Employment: Never employed Unemployed Disabled
 Full-time Part-time Retired

Primary language: English Spanish Sign Other

Why are you seeking counseling?

By signing, I confirm that the information above is true and accurate.

Client's signature

Therapist's signature

DORCAS K. HUTTON, MS, LGPC, NCC
LICENSED COUNSELOR

Print name

Date