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 reverse side.

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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

_____ _____
Print name Date