

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

Are you currently under a psychiatric care, alcohol, or drug treatment? If yes, give name of doctor and brief explanation _____

Describe if any, current and past use of alcohol, caffeine and/or smoking _____

Describe any past counseling _____

Household Status:

Marital Status: Married Single Separated Divorced Widowed

Are you 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