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**Client Information - Adult**

**(Please Print)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
first middle last

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male ☐ Female ☐

Home Address \_\_\_\_\_  
street city state zip

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Which phone number would you prefer me to use to contact you? \_\_\_\_\_

Is it O.K. to leave a detailed and confidential message at that number? \_\_\_\_\_

Is it O.K. to text scheduling information only to that number? \_\_\_\_\_

e-mail address (optional) \_\_\_\_\_

Birthplace \_\_\_\_\_ Place(s) where raised \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Highest Level of Education Achieved \_\_\_\_\_

Names and Dates of Educational Institutions attended (post-high school) \_\_\_\_\_

Any religious affiliation? \_\_\_\_\_ If so, are you active, sporadic or lapsed? \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, date of present marriage \_\_\_\_\_

If in a committed relationship but not married, how long have you been together? \_\_\_\_\_

If applicable, dates of previous marriage(s)/committed relationships

\_\_\_\_\_

Children (ages; please note if children live with you and if they are from a previous relationship/marriage)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Continued**

Client's name \_\_\_\_\_

Parents (please list ages and occupations; if deceased, please note year of death)

\_\_\_\_\_

Highest Level of Education Achieved by Parents

\_\_\_\_\_

Siblings (Please list ages and occupations and if they are half or full siblings. Please also list highest level(s) of education achieved by each.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If military, indicate branch of service, MOS, active duty/reserve/retired/dependent and dates:

\_\_\_\_\_

\_\_\_\_\_

If military, also give deployment history including date(s) and location(s), if applicable.

\_\_\_\_\_

\_\_\_\_\_

### Current Medications

<u>Name of medication</u>	<u>Dose</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician's name: \_\_\_\_\_

\_\_\_\_\_

Are there any medical conditions I should know about? \_\_\_\_\_

\_\_\_\_\_

**Continued**

Client's name \_\_\_\_\_

If you are currently under the care of a psychiatrist, please give psychiatrist's name and phone number:

\_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

Referral source (who referred you or how did you hear about my services?) \_\_\_\_\_

\_\_\_\_\_

Current or previous counseling, treatment, and/or support group experience:

\_\_\_\_\_

\_\_\_\_\_

Any family or personal history of mental illness, alcoholism, substance abuse, suicidal thoughts, suicidal attempts or completed suicides I should know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you having any suicidal thoughts right now? \_\_\_\_\_

Reason for seeking help now:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please sign below and initial each previous page to verify that this is your information:

\_\_\_\_\_