hrt
HEALTHY RELATIONSHIPS THERAPY

Angelina Puffelis
Marriage and Family Therapist
License # 1 0 6 5 3 9

Client Information Sheet

Date : _____

First Name : _____ Last Name : _____

Phone : _____ Date of Birth : _____

Address : _____ City : _____ State : _____ Zip : _____

Social Security Number : _____

Emergency Contact Name : _____ Phone : _____

Personal Information

Marital Status (Circle One) : ◯ Single ◯ Married ◯ Seperated ◯ Divorced ◯ Widowed

ONLY FOR MARRIED CLIENTS

Married Since Month : _____ Year : _____ Number of Marriage : _____

Spouse Name : _____ Spouse Age : _____

First Names of Children if Any : _____

Education

Student (Circle One) : ◯ Yes ◯ No Highest Level Completed : _____ Major : _____

Employment

Name of Employer : _____ Job Description : _____

Religous Affiliation : _____

Medical Information

Name of Medical Doctor : _____

Address : _____ City : _____ State : _____ Zip : _____

Current Chronic or Acute Illness : _____

Recent / Present Medications : _____

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Counseling Information

Are you currently seeing, or within the last (five years) been with, a counselor ? (Circle One) Yes ○ ○ No

If Applicable

How Long ago : # _____ (Circle One) Days ○ Months ○ Years ○

Name of Counselor : _____

Reasons for Counseling : _____

_____

_____

Current Sitiation

Please describe briefly, the concern / problem that resulted in seeking counseling : _____

_____

_____

Please describe briefly, the goals you hope to achieve with counseling : _____

_____

_____

Formal Agreement

PLEASE READ CAREFULLY, THEN SIGN BELOW TO INDICATE YOU UNDERSTAND AND AGREE

- I have asked my therapist and understand the legal limits and the obligation to report crimial actions _____ (Initial)
- 24 hour notice is required if you need to cancel appointment, or full fee will be charged _____ (Initial)
- I agree to pay for all charges my insurance does not cover or considers “not medically necessary” _____ (Initial)
- I assign payment of benefits for services describes on the accompanying billing _____ (Initial)
- I consent to counseling with **Angelina Puffelis**

_____ (Your Signature)

_____ (If Minor, Parent / Gaurdian Signature)