

CONFIDENTIAL CLIENT INFORMATION FORM

The Salveo Center, Inc. 17130 Avondale Way NE, Ste 114 Redmond, WA 98052

GENERAL INFORMATION

Client Name _____ Date of Birth _____

Parent or Guardian Name _____ Date of Birth _____

Address _____

City _____ Zip _____ OK to send mail? Y / N

Email Address _____ OK to email? Y / N

Home # _____ Work # _____ Cell # _____

OK to call? Y / N If not, preferred contact method is: _____

Emergency Contact #: Home Work Cell Other: Ph #: _____

Marital Status: Single Married Divorced Cohabiting

Other Members of Household (Name, Age, Gender, Relation)

INSURANCE INFORMATION

Insurance Company _____ Insured ID # _____

Subscriber Name _____ Subscriber Birth Date _____

Employer Name _____ Group # _____

MEDICAL INFORMATION

Are you currently under medical care? Y / N

Please list any chronic conditions _____

Name of Primary Physician _____ Phone Number _____

Any prescribed medications? Y / N Any medication allergies? Y / N

If so please list medication and conditions or allergies:

SUBSTANCE USE INFORMATION

How often do you drink alcohol? _____

Do you smoke tobacco? Y / N

Do you use recreational drugs? Y / N (If yes, please specify) _____

If so, how much and how often? _____

MENTAL HEALTH INFORMATION

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N

If so, for what condition? _____

CURRENT SITUATION / COUNSELING GOALS

What are you hoping to gain from counseling? _____

How did you hear about us? _____