Jean Bringol & Associates

Family & Relationship Counseling ~ Austin, Texas

CONFIDENTIAL CLIENT INFORMATION

Your Name:	Birth Date:	Home Phone:
Spouse's Name (If Applicable):	Birth Date:	Home Phone:
Your Address:	City/State:	Zip:
Your Employer:	Your Occupation:	Work Phone:
Spouse's Employer (If Applicable):	Spouse's Occupation:	Work Phone:

Marital Status: ☐ Never Married ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Number of Children:

Name: Sex: Age:	Name: Sex: Age:
Name: Sex: Age:	Name: Sex: Age:

Rate Your Present Health: ☐ Good ☐ Fair ☐ Poor

Are you currently under the care of a physician? ☐ No ☐ Yes*
*If yes, list condition:

Are you currently taking any medications? ☐ No ☐ Yes*
*If yes, specify:

Physician:	Phone:

Do you consider yourself a spiritual person? ☐ Yes ☐ No

Church Affiliation (if applicable):

Have you ever sought counseling? ☐ No ☐ Yes*
If so, when?_____ *What for?_____

Nearest Relative not living with you:	Phone:
Emergency Contact:	Phone:

Optional Information (If Applicable):
Your E-Mail Address _____
Your Mobile Phone Number:

CONFIDENTIAL CLIENT INFORMATION (Continued)

Person financially responsible for this bill:

I will be paying today by: ❑ Cash ❑ Check

Whom may I thank for referring you to me?

Briefly state the reasons you are seeking counseling:

I understand that my treatment will be confidential except in cases of suspected harm to others, suspected physical or sexual abuse of minors or elders, or if subpoenaed by a court of law. I understand my clinician is required by law to report the above listed abuses.

I understand and agree that, (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

_____ _____

Name Date

_____ _____

Name Date

Please Be Sure Reverse Side is Filled Out in Full. Thank You.