

Jewish Family Service

Confidential Information - Adult

(Please Print)

Name _____ SS# _____ Date _____
First Middle or Maiden Last

Age _____ Date of Birth _____ Gender _____ Preferred pronouns _____

Email _____ Education _____

Home Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Work Address _____
Street City State Zip

Marital Status _____ Date of present marriage _____ Date of previous marriages _____

Spouse's or Partner's name _____ Age _____ Education _____

Spouse's or Partner's occupation _____ Employer _____

Parents, Siblings, and Children

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation/Grade</u>	<u>Residence</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete the following medical information:

Do you have any medical problems? Please explain:

If you are currently under the care of a physician for a continuing health problem, please give your physician's name and phone number:

(Continued)

Client's name _____

Do you take regular medications? If so, what?

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

Previous Mental Health Services:

<u>Type of Services</u>	<u>Provider</u>	<u>Dates of Service</u>

Current or expected legal involvement? Yes No If yes, please explain:

Referred by: _____ Relationship _____

Person to notify in case of emergency: _____ Relationship _____

Address: _____ Phone: _____ (H)
Street

_____ Phone: _____ (W)
City State Zip

Religious affiliation: _____

List your leisure interests:

What do you consider to be your strengths?

Client's Name _____

Briefly describe the problems and reasons that brought you here:

Briefly list goals of your treatment here; that is, what you would like to achieve and/or see happen by coming here for care:
