



# Interface Samaritan Counseling Centers

Date \_\_\_\_\_

Gender \_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_

Therapist \_\_\_\_\_

Marital Status \_\_\_\_\_

Date & Time of Appointment \_\_\_\_\_

Number of Children \_\_\_\_\_

(If therapy is for the child)

Ages of Children \_\_\_\_\_

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Child's D.O.B. \_\_\_\_\_

Grade Level \_\_\_\_\_

Client Name \_\_\_\_\_

Street \_\_\_\_\_

Employer \_\_\_\_\_

City / Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_

Denomination \_\_\_\_\_

Cell Phone \_\_\_\_\_

Church \_\_\_\_\_

Work Phone \_\_\_\_\_

Ethnicity \_\_\_\_\_

Briefly state the problem for which you are seeking help:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Name \_\_\_\_\_

How did you learn about ISCC? (Please check all that apply)

ISCC web site\_\_ ; Managed care provider list\_\_ ; Church Staff\_\_ ;

Physician\_\_ ; Attorney or Legal System\_\_ ; Family or Friend\_\_ ; Other (specify) \_\_\_\_

Do you give permission for the center to contact the person who referred you \_\_yes\_\_no

Have you received previous psychotherapy \_\_yes\_\_no If yes name of counselor \_\_\_\_

Physician \_\_\_\_\_ Significant health problems or hospitalizations?

If yes explain \_\_\_\_\_

Current medications \_\_\_\_\_

Contact person in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## Insurance

Insurance Company \_\_\_\_\_ Insured Name \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ Insured SS# \_\_\_\_\_

Policy Number \_\_\_\_\_ Address (if different from client) \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Group Number \_\_\_\_\_ Insured D.O.B \_\_\_\_\_

Authorization # \_\_\_\_\_ Relationship to Client \_\_\_\_\_

**I certify that the above information is correct.**

**Client/ Parent Signature** \_\_\_\_\_