

HCS: Counseling & Guidance, PLLC
528 9th Ave N, Texas City, TX
Phone: (409) 789-3535
Email: hcs.counseling@gmail.com

Client Information:

Please note: information you provide here is protected as confidential information.

Name: _____ Birth Date: ____/____/____

Street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ May I leave a message? Yes No

Cell/Other Phone: _____ May I leave a message? Yes No

E-mail: _____ May I email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Family Information:

Name of partner/spouse: _____ Birth Date: ____/____/____

Children Living in Your Home:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Children Not Living in Your Home:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Any Current Psychiatric Diagnoses for Self or Family Members:

Any Current Medications:

Have you ever attended therapy before? _____

If yes, what worked well for you? What did not work well?

What would you like to accomplish out of your time in therapy with me?

On a scale of 1-10, rate the urgency of the issue you are coming in for today _____

Referred by (if any): _____