

**Priscilla J. Colvin King, LLC
Adult Information Form**

Please Print _____ Date _____

Please complete the following. This information will be kept confidential.

Name _____

Address _____

City _____ State _____ Zip Code _____

Sex: Male _____ Female _____ Age _____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Are there any special instructions regarding contact information? _____

*Person responsible for payment other than yourself: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

* Emergency Contact (if different from above) _____

Cell Phone _____ Home Phone _____ Work Phone _____

*completion of this information gives me permission to contact these people. If you choose to leave the emergency section blank, should an emergency arise, I will contact 911.

Your occupation (please specify' if you are a student) _____

Your employer (or name of school if student) _____

Religious affiliation _____ Place of worship _____

How did you hear about me? _____

Relationship Status: Single _____ Married _____ (Number of years) _____

Divorced _____ Separated _____ Widowed _____ Dating _____

Briefly describe your level of satisfaction with this status:

Family Members living with you

Name	Relationship	Age	Education level	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you seen a counselor before? _____ Yes _____ No

If yes, please indicate who, when, where, and why

Please list any significant medical diagnoses/conditions that you have: _____

Please list all medications, both prescription and over the counter that you take. Please include the **dosage. and the reason for taking.**

Please complete the following:

1. The most important thing to me is _____
2. I worry about _____
3. I have sometimes felt guilty about _____
4. I have been criticized for _____
5. I get angry when _____
6. I get nervous when _____
7. My biggest problem in life is _____
8. I often felt that my father was _____
9. I often felt that my mother was _____
10. My biggest mistakes are _____

Problem Areas: Put a check mark next to each item that identifies an area of concern to you. Place two checks by those items, which most concern you.

_____ Anger	_____ Trouble Making Decisions
_____ Unhappy most of the time	_____ Depression
_____ Use of alcohol	_____ Work
_____ Use of alcohol by a family member	_____ Worry
_____ Use of drugs	_____ Eating Concerns
_____ Use of drugs by a family member	_____ Problems with Children
_____ Use of tobacco	_____ Problems with Parents
_____ Education	_____ Fearfulness
_____ Financial difficulties	_____ Marital Problems
_____ Physical problems	_____ Thoughts of Suicide
_____ Problems with social relationships	_____ Sleep Problems
_____ Religious/Spiritual concerns	_____ Sexual Concerns
_____ Thoughts of hurting others	_____ Other (give description)

What is the primary reason you scheduled this appointment?

I, _____, give my permission to Priscilla J. King, M.A., LPC, to release information, as requested by the insurance company and its representatives, to my insurance company and its representatives. I realize that my insurance company may contact Polly King or The Callaway Group (my billing service) with a need for additional information in order to process my claim. My signature below indicates that Polly or Martha with Callaway has my permission to release information to my insurance company and its representatives by phone, FAX, or mail about issues/questions related to my claim. I agree to no expiration date regarding this permission.

Signature: _____ Date: _____

Revised 11/09