Trinity Family Counseling

595 Copeland Mill Rd. Suite 1A, Westerville, Ohio 43081

Information Sheet — Adult

Last name: ____________________ First name: _____________________ Middle Name: ____________

Address: ____

City: ___________________________________ State: ___________

Zip Code: __________________

Cell phone: ____________________ Home: __________________ Work phone: ___________________

Ok to call & leave message at: ☐ Cell ☐ Home ☐ Work

Email address: ____ Ok to copy? _____

SSN: _______-_______-________ Age: ___________ Date of Birth: _____________________

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Other ____

Employer: ____ Occupation: ___________________________________

Employer address: ____

Primary Insurance Company: ______________________________

Policyholder Name: _________________________

Policyholder Date of Birth: _______________________________

Who referred you to Trinity Family Counseling? ____

If married: Spouse's name: ______________________________________ Employer: ___________________________

Spouse SSN: _______-_______-________ Age: ___________ Date of Birth: _____________________

EMERGENCY CONTACT PERSON

Full name: ____ Relationship to Client: _____________________

Address: ____ City, State, Zip: ________________________________

Cell phone: ____________________ Home phone: _____________________ Work phone: ___________________

Email address: ____

Trinity Family Counseling, L.L.C.

OFFICE USE ONLY

Therapist: ____ Date: _____________________________

DSM1V: ____ FA: ___________________________

DSM1V: ____ CA:___________________________

Client Copay: ___________________________________