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Counseling Admission Form

Please note that all information disclosed on this form is **CONFIDENTIAL**.

Client(s) Name: _____ Today's Date: _____ DOB: _____

If client is a minor, name of guardian: _____

SSN: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ May I leave a message on voicemail? Yes NO

Alternate Phone Number: _____ May I leave a message on voicemail? Yes NO

Marital status (Please circle): Single Married Divorced Separated Widowed Other : _____

Please circle the family structure that best describes your home: Biological Family Stepfamily

Single parent family Other (Please describe): _____

Additional household members: _____

Employer/School Name: _____ Occupation: _____

Emergency contact #1: Name: _____ Phone Number: _____

Have you previously been in counseling? _____ If yes, where? _____ When?:

_____ Duration?: _____

Who referred you to my services?: _____

My signature below shows that all the information above is true to the best of my knowledge:

Signature of client (or person acting for client if minor)

Date

Any Alcohol Use? _____ How often: _____

Recreational Drug use: _____ Type(s): _____ How often: _____

In recovery from alcohol and/or drug addiction? _____ Sobriety date _____

Are you now, or have you ever been suicidal? _____

Do you have a specific plan to harm yourself? _____

Any previous mental health diagnosis? If yes, please list:

Any current/past medical conditions? If yes, please list:

Any prescribed medications? If yes, please list:

Please state a *brief* description of primary concern and main reason for seeking counseling including the length of time you've been experiencing the problem:
