

**Rob Curwen, MS MFT**  
 301 Mallory Station Rd.  
 Franklin, TN 37067  
 615-519-9945

**Client Information**

		Messages OK?	
		Yes	No
Full Name: _____	Home Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth (DOB): _____	Work Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Age: _____ Sex: _____	Cell Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Occupation: _____	Employer: _____		
Email Address: _____		<input type="checkbox"/>	<input type="checkbox"/>
Street Address: _____			
City: _____		State: _____	Zip: _____

Marital Status (*circle one*): Single Married Remarried Separated Divorced Widowed Cohabiting

Spouse's Name: _____	Wedding Date: _____		
Age: _____	Work Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Spouse DOB: _____	Cell Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Occupation: _____	Employer: _____		
Email Address: _____		<input type="checkbox"/>	<input type="checkbox"/>

List all children and any other people living with you:

Names	Relation	Age	Living with You?	Occupation

Over →

*Health Information*

When was your last physical? \_\_\_\_\_

List major medical problems, surgeries, recent hospitalizations, and/or health conditions

List medications or recreational drugs you are currently taking:

Intls.	Name of medication	Dosage	Frequency

Please list any addictions or *possible* addictions: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(this person would only be contacted in an emergency)*

Have you (or your partner) ever been involved in any other type of counseling? Yes No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

Reasons: \_\_\_\_\_

Have you (or your partner) ever been diagnosed with a mental illness? Yes No (*circle one*)

If yes, list diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Hospitalized because of it? \_\_\_\_\_

Are you (or your partner) currently having thoughts of killing or seriously injuring yourself?

Yes No (*circle one*)

Referred by: \_\_\_\_\_

Is it OK for me to thank them for the referral? Yes No (*circle one*)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse's Signature*  
*(if marital counseling)*

\_\_\_\_\_  
*Date*