Meaning~Options~Empowerment

# Client Information for Discernment Counseling

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer (if working outside the home):

Current Job: Education:

Primary Phone : Voice Messages OK? Yes No

Text messages OK? (scheduling and brief check-in only : Yes No

Email: Emails OK? Yes No

**(Note: *I cannot guarantee the confidentiality of e-mail.*)**

\_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other (describe): \_\_\_\_\_\_\_\_\_

Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How/Where did you find out about Discernment Counseling**?

**How did you find me?**

**What medical issues or diagnoses do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What medications are you currently taking?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are taking *medication for a mental health concern*, what is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What concerns or questions do you have regarding the Discernment Counseling process?**

**Anything else that you think would be helpful for me to know in order to help you?**