

Are there any medical conditions of which we should be aware? (Please include relevant medications)

Previous counseling (Please note approximate dates/duration of service and reason for seeking help):

Family/Significant Relationships (Please name, age and for spouse, significant other, children, siblings, former spouses and any other significant relationships of which we should be aware):

Name	DOB/Age (if known)	Relationship to you
------	--------------------	---------------------

In Case of Emergency, Notify: _____

Please tell us:

How did you hear about Heartland Counseling? Pastor Friend Family Member Doctor

School personnel West Towns/Conley Outreach Newspaper Ad Yellow Pages

Brochure from _____ Other: _____

Whom may we thank for referring you to us? _____

May we mail you newsletters or updates? Yes No

May we contact you via email? This can be helpful in scheduling and reminding you of appointments.

By giving my email address below I authorize my psychologist/counselor, and/or his or her administrative and clinical staff to contact me and or receive email from me related to my medical records and/or appointments. I understand that the security of email communication cannot be completely guaranteed and that unauthorized individuals could intercept email but I believe the convenience is worth the risk. I will not hold Heartland Counseling responsible if such an invasion occurs

Email address _____