Life Steps COUNSELING SERVICES
605 South Trimble Road, Suite D Mansfield, Ohio 44906
Office- (419)756-9975, Fax- (419)756-1405
WWW.LifeStepsinc.com

Client Information Sheet

Name: _____ Male/Female Date: _____

Referral source: Online Telephone book Friend Insurance Company_____

Referral_____ Other_____

Client's Date of Birth _____ Age: _____ Soc. Sec.#_____

Parent or Guardian name if above is a minor _____

Address: _____ Home/Cell _____

City: _____ Zip: _____ Phone (Work) _____

Emergency Contact No. _____ E-mail _____

Marital Status: Single Married Divorced Widowed Separated

Education: ___Elem. ___H.S. ___Some College ___Degree ___Post Graduate

Employer _____ Occupation _____

Others Living in Home	Sex	Date of Birth	Age
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____

Primary Insurance

Insurance Co. _____ Employee Name _____

Employee Date of birth _____ SS#_____

Employer _____ Group # _____

Prior Authorization No. Y/N _____ Medicare No._____

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Have you had therapy before _____ if yes with whom and when _____

_____

Family Physician _____ Phone_____

List any medications you are currently taking _____

List all medical conditions, including any infectious diseases and allergies _____

_____

Brief Statement of your problem(s): (use back if needed)

How long have you had this problem? _____

Please circle any of the following that apply to you:

Anger	Marital Problems	Headaches
Tension	Family Problems	Panic Feelings
Vomiting	Job Problems	Sexual Problems
Restless	Depressed	Feel People want to hurt you
Poor Sleep	Suicidal	Alcohol
Low Self-Esteem	Tired	Drugs
Memory Problems	Overweight or Weight Loss	Marijuana
Crying	Abused as a Child	Loss of Control
Anxiety	Excessive hand washing	Obsessions
Guilt	Blackouts	Jealousy
Nightmares	Hear Voices	Eating Issues

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