Date of Intake: _____

CHRISTIAN FAMILY INSTITUTE

Confidential Information Form

Name of Patient:

Last Name: _____ First Name: _____ Initial: _____ Date of birth: _____ Age:_____

Address: _____ City/State: _____ Zip: _____ Soc.Sec.No:_____

Cell phone: _____ Hm Phone: _____ Wk Phone: _____

Email: _____ Do you want to receive our Newsletter: YES NO

Employer: _____ Occupation: _____ Address: _____

Highest education completed: _____ Church: _____ Is your Christian faith an important resource? _____

Current Marital Status: (circle one) Never married Married(date _____) Separated Divorced Widowed

Spouse or Next of Kin:

Last Name: _____ First Name: _____ Initial: _____ Date of birth: _____ Age:_____

Address: _____ City/State: _____ Zip: _____ Soc.Sec.No:_____

Cell phone: _____ Hm Phone: _____ Wk Phone: _____

Email: _____ Do you want to receive our Newsletter: YES NO

Employer: _____ Occupation: _____ Address: _____

Highest education completed: _____ Church: _____ Is your Christian faith an important resource? _____

Current Marital Status: (circle one) Never married Married(date _____) Separated Divorced Widowed

Children: (List all children by all marriages whether living at home or not)

Name	Sex	Age	Birth date	Education	Living at home?

Anyone Else Living in the home? Y N Name:_____ Relation_____

In what way may the Counselor assist you? _____

CHRISTIAN FAMILY INSTITUTE

6846 S. Canton ♦ Tulsa, OK 74136 ♦ 918-745-0095

List any recent stressful events or changes that have occurred in the last year (death of friends or relatives, marriages, births, divorces, changes in work, school residence or church, etc.) _____

_____

_____

Have you been in counseling previously? Y N When?_____ How long?_____ By Whom?_____

Who may we thank for referring you to us? _____

Would it be helpful to contact your doctor or pastor, etc.? _____

If yes, please provide:

Name	Phone Number	Specify if Doctor, Pastor, or other

Medical History

List any recent Illnesses, tests, hospitalizations	List all medications	Physician

Who may we contact in case of emergency? _____ Phone _____

I will be paying today by: (circle one) CASH CHECK CREDIT CARD

I have received, read and understand:

_____ *The Description of Counseling, State of Confidentiality,*
Initials

_____ *Notice of Privacy Practices;* and *Fee Policy* statements.
Initials

I consent to and authorize Christian Family Institute to provide services.

_____ _____
Client Signature Date

_____ _____
Client Signature Date

_____ _____
Parent/Guardian/Responsible Party Signature Date