

Hope Alive of Juniata Valley
70 Frog Hollow
Belleville, Pa. 17004

“Please complete the following as well as you are able. Thank you!”

Name: Mr./Mrs./Ms./Miss _____

Address: _____

Phone number: home _____, cell _____ e-mail: _____

Age: _____ Sex: _____ Marital status: _____ yrs. _____ Previously married? _____

of children/ages/names: _____

Level of Education Completed: _____

Current employment: _____

Why are you interested in counseling? _____

Whom referred you to me? _____

What religion do you practice? What church do you attend? _____

List any hospitalizations / reasons: _____

How often did you visit a doctor this past year? _____ Name of Physician: _____

Reasons: _____

List previous psychiatric hospitalizations: _____

List name(s) of past and present therapist/counselors/advisors: _____

List present medications: _____