

Cornerstone Counseling Center
4037 Parchman St. N. Richland Hills, TX 76180

for office use

Therapist _____
Diagnosis _____
Date _____

Adult Intake Form

Primary Client _____
First MI Last

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Age _____ Gender _____ SS # _____

Occupation _____ Employer _____

Spouse's Name _____ DOB _____ SS# _____ Employer _____

Names of other Family Members	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By whom were you referred _____

Current Medications/Medical Problems _____

Physician/Psychiatrist _____

Past or Current psychological/Psychiatric/Counseling Services _____

Church Affiliation _____

Would you like prayer as a part of your counseling

For Your Convenience: You may choose to receive appointment reminders via text, email or both

Cell Phone _____ Email _____

By signing this form you acknowledge that information is correct and that you are giving CCC permission to contact you regarding upcoming appointments or scheduling changes:

Signed _____ Date _____