

# IRISE Counseling Services, LLC



Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Email address: \_\_\_\_\_

Insurance member ID: \_\_\_\_\_ Insurance provider: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employed: yes \_\_\_ no \_\_\_

Employer: \_\_\_\_\_

Legal history: (arrest or jail)

\_\_\_\_\_

Presenting problem: \_\_\_\_\_

Medication: \_\_\_\_\_

Past treatment: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Appointment: \_\_\_\_\_