

Transforming Tomorrows Counseling Center
120 W. Virginia, Ste. 203 McKinney, TX 75069
(214) 762-5617 ❖ www.mckinneycounseling.com

PERSONAL DATA:

Date:

Name:

Address:

City:

Zip:

Telephone number: (day)

(evening)

Email:

Ok to leave message at above numbers?

Yes

No

DOB:

Age:

Occupation:

Who referred you?

With whom are you now living? (list people)

Where do you reside? ___house ___hotel ___room ___apartment ___other

Date of birth:

Place of birth:

CLINICAL INFORMATION:

What is happening in your life which resulted in this appointment?

What would you like to see accomplished in therapy?

Whom have you previously consulted about your present problem(s)?

Are you taking any medication? If "yes", what, how much, and with what results?

What is there about your present *behavior* that you would like to change?

What feelings do you wish to alter (e.g., increase or decrease)?
