

Fortitude Counseling Services

Helping you find the strength to persevere through life's challenges!

Client's Full Name: _____ Date of Birth: __/__/____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

May we leave a message?: primary phone ____ Yes ____ No; Secondary phone? __ Yes __ No

Email: _____

Do you prefer email or text for appointment reminders? _____ Text _____ Email

Social Security #: _____ - _____ - _____

Insurance Company: _____ Phone #: _____

Address: _____

Group #: _____ ID #: _____

Marital Status: _____ Gender: _____ Race: _____

Who (name/relationship) lives in the home with the client: _____

Others close to the client (family members, friends, religious affiliates, etc.) Name/relationship: _____

Presenting problems or symptoms: _____

Brief history of life events that might be affecting mental wellness: _____

Previous Diagnosis: _____

Current Medications: _____

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Allergies: _____

Hobbies/Interests: _____

To be completed for Minor's only:

Mother's Full Name: _____ Date of Birth: __/__/__

Father's Full Name: _____ Date of Birth: __/__/__

Other addresses if one or both parents live at a different address: _____

If Minor does not live with both parents:

Financially Responsible Guardian: _____

Relevant Custody Information: _____

By signing below you are agreeing to allow us to send reminders via text or email as indicated on the form above.

Check this box to opt out of any appointment reminders

Signature of Client or guardian

Date