

**Mighty Oaks Counseling, PLLC**

**Today's Date:** \_\_\_/\_\_\_/\_\_\_

CLIENT PROFILE

**Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Gender:** F [ ] M [ ] Other [ ] Decline to answer [ ]

**Address:** \_\_\_\_\_  
Street & Apartment # City Zipcode

**Phone:** (H/W/C) \_\_\_\_\_ (H/W/C) \_\_\_\_\_ (H/W/C) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Ok to email?** Y [ ] N [ ] **Check often?** Y [ ] N [ ]

**Referral Source/Relation:** \_\_\_\_\_

PERSONAL DEMOGRAPHICS

**Marital Status:** Single [ ] Married Couple [ ] Unmarried Couple [ ] Widowed [ ] Separated [ ] Divorced [ ]  
N/A Child [ ]

**Race:** Caucasian [ ] African American/Black [ ] American Indian [ ] Asian [ ] Hispanic [ ] Other [ ]

**Religion:** \_\_\_\_\_

**Place of Worship (if attending):** \_\_\_\_\_

**Employment Status/Education:** Student [ ] Employed [ ] Unemployed [ ] Retired [ ] Disabled [ ]  
Stay-at-home caregiver [ ]

**Employer or School/Grade:** \_\_\_\_\_

**Education level:** Elementary [ ] High School [ ] GED [ ] Some College [ ] College Graduate [ ]  
Graduate School [ ]

CLINICAL INFORMATION

**Psychiatric Medications:** \_\_\_\_\_

**Psychiatrist** \_\_\_\_\_

**Psychiatric Hospitalization:** Y [ ] N [ ] **If so,** \_\_\_\_\_

**I have had previous or current involvement with:**

[ ] Child Protective Services [ ] Adult Protective Services [ ] Police/Law Enforcement

**Reason for involvement:** \_\_\_\_\_

FINANCIAL ASSESSMENT

**Income:** \_\_\_\_\_ **Annual** [ ] **Monthly** [ ] **# in Household** \_\_\_\_\_

**Sliding Fee Determined:** Y [ ] N [ ] **Amount:** \$ \_\_\_\_\_

FAMILY INFORMATION

**1. Relationship:** \_\_\_\_\_ **Emergency Contact?** Y [ ] N [ ]

**Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Gender:** F [ ] M [ ] Other [ ] Decline to answer [ ]

**Address:** \_\_\_\_\_  
Street & Apartment # City Zipcode

**Email:** \_\_\_\_\_ **Ok to email?** Y [ ] N [ ] **Check often?** Y [ ] N [ ]

**Living with?** Y [ ] N [ ] **Custody:** \_\_\_\_\_

**Marital Status:** Single [ ] Married Couple [ ] Unmarried Couple [ ] Widowed [ ] Separated [ ] Divorced [ ]  
N/A Child [ ]

**Race:** Caucasian [ ] African American/Black [ ] American Indian [ ] Asian [ ] Hispanic [ ] Other [ ]

**Religion:** \_\_\_\_\_

**Place of Worship (if attending):** \_\_\_\_\_

**2. Relationship:** \_\_\_\_\_ **Emergency Contact?** Y [ ] N [ ]

**Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Gender:** F [ ] M [ ] Other [ ] Decline to answer [ ]

**Address:** \_\_\_\_\_  
Street & Apartment # City Zipcode

**Email:** \_\_\_\_\_ **Ok to email?** Y [ ] N [ ] **Check often?** Y [ ] N [ ]

**Living with?** Y [ ] N [ ] **Custody:** \_\_\_\_\_

**Marital Status:** Single [ ] Married Couple [ ] Unmarried Couple [ ] Widowed [ ] Separated [ ] Divorced [ ]  
N/A Child [ ]

**Race:** Caucasian [ ] African American/Black [ ] American Indian [ ] Asian [ ] Hispanic [ ] Other [ ]

**Religion:** \_\_\_\_\_

**Place of Worship (if attending):** \_\_\_\_\_

**Siblings/Children:**

**Name**

**DOB**

**School/Grade**

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