

ALPHA OMEGA CLINIC AND CONSULTATION SERVICES

P: 301-767-1733 / F: 301-767-1743

7007 Bradley Blvd
Bethesda, MD 20817

3607-A Chain Bridge Rd
Fairfax, VA 22030

108 N. Payne St
Alexandria, VA 22314

1835-D Forest Drive
Annapolis, MD 21401

Client #: _____

CLIENT INFORMATION FORM

Date: _____

Client Name: _____ Date of Birth: _____

Phone: Home () - Work: () - Cell: () -

Marital Status: Sing Mar Sep Div Wid Occupation: _____

Religious Affiliation: _____ Spiritual Director: _____

Spouse Name: _____ Date of Birth: _____

Phone: Home () - Work: () - Cell: () -

Guardian Name: _____ Date of Birth: _____

Phone: Home () - Work: () - Cell: () -

Emergency Contact Name: _____

Phone: Home () - Work: () - Cell: () -

Name of Family Physician: _____

Phone: () - Date of most recent physical examination: _____

***NOTE: AOCCS recommends that all clients have a physical examination at least every 12 months.**

List the name, age, and relationship of people in the home.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How did you become aware of the services of Alpha Omega Clinic and Consultation Services; or who referred you?

What concerns or problems do you want to discuss at the clinic? What do you want to know and/or know about yourself?

Have you tried to resolve this (these) problem(s)? Please circle all that apply and comment:

Alcohol

Drugs

Engage in Productive Activities

(e.g., hobby, read, shop, clean)

Increase/decrease sleep time

Prayer

Reception of the Sacraments

Talk with family/friends

Increase/decrease eating

Other:_____

Comments:

How are your spiritual beliefs/practices important in your day-to-day life?

Would you want your clinician to integrate your faith in planning and implementing your treatment?

Yes

No

Explain:_____

Why are you requesting counseling or therapy now?

Education: Part H.S. H.S. Grad Part college College Grad Graduate School

Medical Problems/History (please list):

Previous Therapy, Counseling, or Hospitalizations (dates, types):

Current Medications (note prescribing Physician:

Other Concerns (e.g., legal, substance abuse, financial, sleep, eating)
