

Family Counseling and Children's Services

ADULT Intake Information Sheet

FHC Chart #

Thank you for your interest in our counseling services. Please complete the following pages as completely as possible. When you are finished, you may drop this packet off at our office or mail it to us. Once we receive your information, we will do our best to match you with the right counselor and set you up for your first appointment as quickly as possible. Please feel free to call if you have questions.

FCCS
1600 Providence Dr.
Waco, TX 76707
Phone: (254) 759-3500
Fax: (254) 759-3451

OFFICE USE ONLY	Medicaid _____ Medicare: _____ CHIP _____	Date Intake Received:	1 st Appt Date/Time:
	GHC/County Card _____ Fee/Copay: _____		

Last Name	First Name	MI	May we call you at: Home: _____ Work: _____ Cell: _____
Street Address			
City	County	Zip	
			Date of Birth:

Other Household Members	Age/Date of Birth	Sex	Relation to You
01			
02			
03			
04			
05			
06			

Presenting Problem:

- Depression or Anxiety
- Marital
- Drugs/Alcohol
- Anger
- Grief
- Divorce/Blended Family
- Trauma/Abuse — In Childhood In Adulthood
- Other: _____

Have you ever attempted suicide? Yes No If yes, when?

Has anyone in your family attempted or committed suicide? Yes No

Are you a survivor of incest or sexual abuse? Yes No Have you been seen at the Advocacy Center? Yes No

Have you ever been the plaintiff in a lawsuit? Yes No

Have you ever harmed another person causing serious injury or death? Yes No

Are you seeking counseling because of a suggestion or requirement of CPS? Yes No Probation? Yes No

Are you seeking counseling because it is court ordered? Yes No Are you seeking disability? Yes No

Please list any immediate family members who receive counseling at our agency:

What times are you available for appointments?