

CONSUMER INFORMATION
(Completed by Consumer or Parent/Guardian)

Date: _____ Who referred you to Peacewise? _____

Client's Legal Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Gender: Female Male

Sexual Orientation: Gay/Lesbian/Bisexual Heterosexual Unknown/Not Voluntarily Given

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #'s: Home: _____ Message/Cell: _____
 Don't Call Don't Call
 OK to Leave Message OK to Leave Message
 OK to Identify Agency OK to Identify Agency

Employment:

Current Employer: _____

Full-time: _____ Part-time: _____ How long at current employment: _____

Legal Guardian: (if underage client)

Name(s): _____ Relationship: _____

Child Resides With:

Parent(s) Mother Father Foster Parent Other: _____

(Name if other than Legal Guardian): _____

Address: _____ Phone: _____

Emergency Contact Name: _____ **Phone #:** _____

Client's Ethnicity: Asian or Pacific Islander African American Native American or Alaska Native
 Caucasian Hispanic Other _____

Language:

Does Client Speak English: Very Well Well Not Very Well Not at All

Client's Family Speaks English: Very Well Well Not Very Well Not at All

In what Language do you prefer to receive mental health services? English Other: _____

Education: (for children/youth)

School Child is attending: _____ Grade: _____

Has child attended special education classes? Yes No Is school

Spirituality: Please check one of the following:

_____ Spirituality is important to me, and I would like it to be a part of my counseling process.

_____ Spirituality is not currently a part of my life, but I am not opposed to discussing it when applicable.

_____ I do not wish to address issues of spirituality at this time.