

**PATHWAY COUNSELING CENTER**  
**7537 Bosque Blvd., Waco, TX 76712**

For Office Use Only:

File # \_\_\_\_\_ Counselor \_\_\_\_\_ Date \_\_\_\_\_

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

**Note:** If you have been here before, please fill in only the information that has changed.

**A. IDENTIFICATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ SS # \_\_\_\_\_

Calls or email will be discreet, but please indicate any restrictions \_\_\_\_\_

Person to call in an emergency \_\_\_\_\_ Phone \_\_\_\_\_

**B. REFERRAL**

Referred by \_\_\_\_\_

May I have your permission to thank this person for the referral? Yes \_\_\_\_\_ No \_\_\_\_\_

How did this person explain how I might help you? \_\_\_\_\_

**C. MARITAL STATUS:** Single [ ] Engaged [ ] Married [ ] Common-law [ ] Separated [ ]

Partner's Name \_\_\_\_\_ Age \_\_\_\_\_ Date Married \_\_\_\_\_

Divorced [ ] Number of times \_\_\_\_\_ When? \_\_\_\_\_

Widowed [ ] Date partner died \_\_\_\_\_

**D. EMPLOYMENT**

Place of employment: \_\_\_\_\_ Gross Family Income \_\_\_\_\_

School (if student) \_\_\_\_\_ Grade/ Year Level \_\_\_\_\_

Your education \_\_\_\_\_ Partner's Education \_\_\_\_\_

Partner's place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you served in the military? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Has your partner served in the military? \_\_\_\_\_ What branch? \_\_\_\_\_

**E. FAMILY OF ORIGIN**

Parents Living/ Deceased (when?) Father \_\_\_\_\_ Mother \_\_\_\_\_

Parents Divorced? When? \_\_\_\_\_ Remarried? When? \_\_\_\_\_

Your Place in Your Family of Origin: List your brothers and sisters including step and half-siblings, from left to right, starting with the oldest on the left, to the youngest on the right. Include yourself and circle your name. Do the same with your partner's family.

Your Family \_\_\_\_\_

Partner's Family \_\_\_\_\_

**F. CHILDREN/ STEPCHILDREN:**

Name	Sex	Age	Birthdate	Grade	School
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**G. RELIGIOUS AND RACIAL/ETHNIC IDENTIFICATION**

Church membership \_\_\_\_\_ Minister \_\_\_\_\_

Religious preference \_\_\_\_\_

Involvement: None \_\_\_\_\_ Some/irregular \_\_\_\_\_ Active \_\_\_\_\_

How important are spiritual concerns in your life?

\_\_\_\_\_

Ethnicity/national origin \_\_\_\_\_ Race \_\_\_\_\_

Or other similar way you identify yourself and consider important \_\_\_\_\_

**H. MEDICAL**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relevant medical conditions (history, current condition) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications (dosage, dates of initial prescriptions, name of prescribing professional) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a learning or reading disability, such as dyslexia? \_\_\_\_\_

Have you ever had a head injury? (falls, car accidents, etc.)? \_\_\_\_\_

De you use alcohol? \_\_\_\_\_ If so, how much per day \_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_

Have you ever felt the need to cut down on your drinking? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If so, how much per day \_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_

Have you ever used inhalants (“huffing”), such as glue, gasoline, or paint thinner? \_\_\_\_\_ If yes, which and when? \_\_\_\_\_

Which drugs (not medications prescribed for you) have you used in the last 10 years? \_\_\_\_\_

\_\_\_\_\_  
Any family member with a drug or alcohol problem, past or present? \_\_\_\_\_

Previous Counseling/Psychotherapy History:

Date

Therapist/Agency

Reason for Termination

\_\_\_\_\_  
\_\_\_\_\_

**I. REASON FOR SEEKING COUNSELING TODAY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What supports do you have in your life right now? \_\_\_\_\_

Who do you feel closest to today? \_\_\_\_\_