



**Client Application – Please Print Clearly**

Client Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Phone preference: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred way to contact: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Emergency Contact relation to client: \_\_\_\_\_

How did you hear about W.I.N.G.S.? \_\_\_\_\_

Current Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Remarried \_\_\_ Divorced \_\_\_ Widowed

Current Employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

**Spiritual History**

Do you attend church regularly? Is so, what church/pastor: \_\_\_\_\_  
\_\_\_\_\_

How would you describe your relationship with God? \_\_\_\_\_

If you were to die today, do you know for certain that you would go to heaven? \_\_\_\_\_

Are you open to discussing spiritual matters during session? \_\_\_\_\_

Is there any other information that you feel we should know about your spirituality? \_\_\_\_\_  
\_\_\_\_\_

What do you feel to be your greatest need for seeking assistance from us and why? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

Client Name: \_\_\_\_\_

**Legal History**

Are you currently involved in any legal action? (Ex-current lawsuit, disability hearing, divorce, child custody, etc.) Please specify: \_\_\_\_\_

If so, is the legal action going on now, upcoming or expected? \_\_\_\_\_

Please specify and give a brief overview: \_\_\_\_\_  
\_\_\_\_\_

Have you been ordered by the court to obtain counseling? \_\_\_\_\_

If so, specify by whom and why \_\_\_\_\_

Do you have any history of incarcerations, probations, and/or parole? \_\_\_\_\_

If so, please specify when and why: \_\_\_\_\_

(May affect eligibility with some community referrals; however, please be honest)

**Mental Health/Assistance/Physical Health**

Have you previously sought assistance through community resources or government programs for any of the following:

Legal  Housing  Healthcare  Transportation  Employment  Budget Management

Are you now or have you ever sought counseling from a mental health provider? \_\_\_\_\_

If so, please specify who and when \_\_\_\_\_

Have you ever been diagnosed with a mental health disorder? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Have you ever been hospitalized for emotional or behavioral concerns? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Have you ever experienced an event that you would describe as traumatic? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Have you ever experienced suicidal thoughts? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Have you ever attempted to harm yourself physically? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Primary Physician (name/phone) \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Client Name: \_\_\_\_\_

Current health problems \_\_\_\_\_

Medications (name/reason for taking) \_\_\_\_\_

\_\_\_\_\_

**Financial**

What is your current monthly income? \_\_\_\_\_

Please provide the amount you receive from any of the following:

\_\_\_\_\_ Social Security \_\_\_\_\_ Disability \_\_\_\_\_ Alimony \_\_\_\_\_ Child Support

\_\_\_\_\_ WIC Other Assistance, please specify \_\_\_\_\_

List all monthly expenses and the amount due: (mortgage, rent, food, utilities, car, subscriptions, cable, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Please provide references from the following (3) sources. Contact name and phone or email required.

Personal \_\_\_\_\_

Professional \_\_\_\_\_

Pastoral \_\_\_\_\_

*Disclaimer:*

*All information shared by you during your relationship as a client will be kept confidential except as required by law or as required for the protection of you or others. Our services are not intended to be a substitute for professional counseling.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date