



## Criddle Counseling Services

Michele L. Criddle, MA, LMFT-A, LCDC

PO Box 1643

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832-584-3565

### **Client/Parent/Guardian Information:**

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

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

Which phone numbers are okay to leave a message?  Home  Cell  Work

E-mail \_\_\_\_\_

Is it okay to email?  Yes  No

### **If Client is a minor or has a legal Guardian/ Existing Conservatorship**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

### **Partner Information:**

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

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

Which phone numbers are okay to leave a message?  Home  Cell  Work

E-mail\_\_\_\_\_

Is it okay to email?  Yes  No

**Co-Parent Information:**

Your Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ Age\_\_\_\_\_

Nicknames or aliases:\_\_\_\_\_ Social Security #\_\_\_\_\_

Street Address \_\_\_\_\_ Apt #\_\_\_\_\_

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

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

Which phone numbers are okay to leave a message?  Home  Cell  Work

E-mail\_\_\_\_\_

Is it okay to email?  Yes  No

Who should receive information (circle all that apply):

Client:                      Parent                      Co-Parent                      Partner                      Client Only

Legal entities:              DFPS/CPS                      Probation                      Courts                      Attorney

Do you have existing Consents with Legal entities?              Yes              NO

**Emergency Contact:**

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

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

**Family Information:**

Children Living in Your Home:

Name\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Children Not Living in Your Home:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Other Individuals Living in the Home:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Work Information:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Partner's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Medical Information:**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Referral Source:**

\_\_\_\_\_ Website

\_\_\_\_\_ Mailer

\_\_\_\_\_ Workshop/Seminar

\_\_\_\_\_ Friend/Family Member's Name \_\_\_\_\_

\_\_\_\_\_ Professional's Name \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Payment:**

Payment is required at the time of service unless prior arrangements have been made. Please indicate your preferred method of payment:

\_\_\_\_\_ Cash      \_\_\_\_\_ Check      \_\_\_\_\_ Credit/Debit Card

**Appointments not cancelled 24 hours in advance will be charged.**

Your signature below indicates your acceptance of responsibility for paying for sessions not cancelled 24 hours in advance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Additional Information:**

What brings you to therapy? \_\_\_\_\_

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

Have you been in therapy before:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

When: \_\_\_\_\_ Therapist: \_\_\_\_\_

What are your hopes for successful therapy treatment? \_\_\_\_\_

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

Please note any other information you wish for Ms. Criddle to know: \_\_\_\_\_

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