

Franciscan Community Counseling  
Mount St. Francis  
7665 Assisi Heights  
Colorado Springs, CO 80919  
719-955-7008

**CLIENT DEMOGRAPHIC INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female  Male

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Annual Income Range (information used for statistical purposes only):

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Send Appointment Email Reminder? Yes  No

Vehicle Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

DOB of Policy Holder: \_\_\_\_\_ Relationship to Policy Holder: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**BRIEF HISTORY QUESTIONNAIRE**

Have you witnessed a crime or violence? Yes  No   
Have you been the victim of a crime or violence? Yes  No   
Do you have any history of other trauma, sexual abuse, and/or physical abuse? Yes  No   
Have you previously consulted with anyone regarding this issue? Yes  No   
Have you been in counseling or therapy before? Yes  No   
Are you seeking Couples, Marriage, or Family Counseling? Yes  No

**PHYSICIAN/REFERRING INFORMATION**

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Who were you referred by? \_\_\_\_\_

**FRANCISCAN COMMUNITY COUNSELING** is a not-for-profit organization supported by the Sisters of St. Francis, United Way, other grants and donations, and fees for services. If you do not have insurance and/or are unable to pay the insurance co-payment/deductible fees, your sliding scale fee will be based on your income, family size, and in some cases, information which may affect your ability to pay.