



# Relational Advantage, Inc.

*The Difference Between Potential and Performance*

## CLIENT REGISTRATION – ADULT

Please take a few minutes to complete this questionnaire prior to your first appointment. Each person participating in counseling should complete a separate form. If you have questions, please call us at (520) 219-8377.

### Current Personal Data

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

OK to leave messages? Y N

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Cell/Other Phone \_\_\_\_\_

Current Marital Status (circle one) Single Married Re-Married Divorced Separated Widowed  
Since what month/year? \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

List all children of yours and your spouse's:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Birth/Step/Adopted/Foster</u>
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F
_____	_____	_____	M / F	B / S / A / F

Highest Grade / Degree You Completed \_\_\_\_\_

Major \_\_\_\_\_ Year \_\_\_\_\_

Your Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Job Title \_\_\_\_\_

### Medical and Psychological History

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

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

Do you currently have trouble sleeping? Y N Describe \_\_\_\_\_

How is your appetite? \_\_Good \_\_Poor \_\_I eat when not hungry \_\_Other \_\_\_\_\_

Do you drink alcohol or use recreational drugs? Y N How much/how often? \_\_\_\_\_

Have you ever been hospitalized with a psychological condition? Y N Reason \_\_\_\_\_

Hospital \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you received professional or pastoral counseling within the last five years? Y N

With Whom? \_\_\_\_\_ When? \_\_\_\_\_

Brief reason for counseling today \_\_\_\_\_

**Personal and Family History**

If you have been married before, please list first name of former spouse and dates of marriage:

First Name \_\_\_\_\_ Married from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_ Divorced \_\_\_ Widowed

First Name \_\_\_\_\_ Married from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_ Divorced \_\_\_ Widowed

\_\_\_ My mother is still living and is \_\_\_\_\_ years old. She lives in \_\_\_\_\_

\_\_\_ My mother has been deceased since \_\_\_\_\_

\_\_\_ My father is still living and is \_\_\_\_\_ years old. He lives in \_\_\_\_\_

\_\_\_ My father has been deceased since \_\_\_\_\_

\_\_\_ My parents are not / never were divorced

\_\_\_ My parents divorced after \_\_\_\_\_ years of marriage when I was \_\_\_\_\_ years old

Growing up I lived with: (circle) biological parent(s) adoptive parent(s) step-parent foster parent(s) other \_\_\_\_\_

List siblings according to birth order (include yourself and step or half siblings)

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Birth/Step/Adopted/Foster</u>
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F

Please list where you were born and the last two cities/states you have lived in:

Place of Birth \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City/State \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City/State \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**Blue Cross/Blue Shield Information**

Name of Subscriber \_\_\_\_\_ SSN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Claims Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Group # \_\_\_\_\_

Employer/Group \_\_\_\_\_ ID # \_\_\_\_\_

I was referred to Todd Linaman by: \_\_\_ Insurance Plan \_\_\_ Doctor \_\_\_ Employer \_\_\_ Phone Book \_\_\_ RAI Website \_\_\_ Pastor (Church \_\_\_\_\_) \_\_\_ Family \_\_\_ Friend \_\_\_ Other (Specify \_\_\_\_\_)