



HELEN WILSON COUNSELING, LLC
673 E AIRPORT AVENUE, BATON ROUGE, LA 70806
225.283.4094

Client Information - Adult

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

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

Have you received counseling before? Yes No

B. Referral

Who gave you my name to call? How did you find me?

Internet Facebook Psychology Today Personal Friend Therapist Other Medical Professional

Name: _____ Phone: _____

Address: _____

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

C. Religious and Racial/Ethnic Identification

Current religious denomination/affiliation:

Protestant Catholic Jewish Islamic Buddhist Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____

Other ways you identify yourself and consider important: _____

