

# Alternatives Counseling Associates

## HOUSE OF HOPE

2002 Oak Street • Chattanooga, Tennessee 37404  
Phone (423) 624-8535 • FAX (423) 624-8608

### APPLICATION FOR SERVICES AND INTAKE INFORMATION FORM

(PLEASE PRINT INFORMATION, USE BACK FOR FURTHER DETAIL)

CLIENT: PLEASE PRINT YOUR FULL LEGAL LAST, MIDDLE, AND FIRST NAME CASE# \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX: F MtF I FtM M SOCIAL SECURITY# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YYYY

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

STREET \_\_\_\_\_ SUITE# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WORK FAX(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

CIRCLE  
STATUS: NEVER MARRIED SINGLE COHABITATING MARRIED SEPARATED DIVORCED

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPERATION \_\_\_\_\_ DATE OF DIVORCE \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

### SPOUSE / SIGNIFICANT OTHER / PARENT / GUARDIAN / FINANCIALLY RESPONSIBLE PARTY

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX: F MtF I FtM M SOCIAL SECURITY# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YYYY

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

STREET \_\_\_\_\_ SUITE# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WORK FAX(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PERMISSION TO LEAVE A MESSAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

CHILDREN

1st CHILD \_\_\_\_\_ SEX \_\_\_\_\_ D/O/B \_\_\_\_\_ LIVING WITH WHOM \_\_\_\_\_  
LAST NAME FIRST MIDDLE MM/DD/YYYY

2nd CHILD \_\_\_\_\_ SEX \_\_\_\_\_ D/O/B \_\_\_\_\_ LIVING WITH WHOM \_\_\_\_\_  
LAST NAME FIRST MIDDLE MM/DD/YYYY

3rd CHILD \_\_\_\_\_ SEX \_\_\_\_\_ D/O/B \_\_\_\_\_ LIVING WITH WHOM \_\_\_\_\_  
LAST NAME FIRST MIDDLE MM/DD/YYYY

4th CHILD \_\_\_\_\_ SEX \_\_\_\_\_ D/O/B \_\_\_\_\_ LIVING WITH WHOM \_\_\_\_\_  
LAST NAME FIRST MIDDLE MM/DD/YYYY

5th CHILD \_\_\_\_\_ SEX \_\_\_\_\_ D/O/B \_\_\_\_\_ LIVING WITH WHOM \_\_\_\_\_  
LAST NAME FIRST MIDDLE MM/DD/YYYY

6th CHILD \_\_\_\_\_ SEX \_\_\_\_\_ D/O/B \_\_\_\_\_ LIVING WITH WHOM \_\_\_\_\_  
LAST NAME FIRST MIDDLE MM/DD/YYYY

REASON FOR COMING HERE \_\_\_\_\_

HOW LONG HAVE YOU HAD THIS PROBLEM? \_\_\_\_\_

HOW WOULD YOU KNOW IF YOU NO LONGER HAD THIS PROBLEM? \_\_\_\_\_

HOW MUCH DO YOU EXPECT THERAPY TO HELP RESOLVE THIS PROBLEM? -5% 25% 50% 75% 95%+

HOW HARD ARE YOU WILLING TO WORK AT OVERCOMING THE PROBLEM? -5% 25% 50% 75% 95%+

LIST ALL MEDICATIONS CURRENTLY AND RECENTLY TAKEN: (INCLUDING VITAMINS, HERBALS, OVER-THE-COUNTER PRODUCTS)

RX	DOSAGE	FREQUENCY	REASON	PRESCRIBING DOCTOR

REFERRED BY \_\_\_\_\_ PHONE \_\_\_\_\_

PRACTICE NAME \_\_\_\_\_ FAX \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

CLIENT'S AND AUTHORIZED PERSON SIGNATURES: I hereby request psychotherapy and other related services from Alternatives Counseling Associates. I authorize the release of any medical or other information necessary to process claims.

CLIENT \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE / SIGNIFICANT OTHER / PARENT / GUARDIAN / FINANCIALLY RESPONSIBLE PARTY \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_