

Initial Questionnaire
Ecumenical Center for Religion and Health
 8310 Ewing Halsell, San Antonio, TX 78229
 403 Avenue E, San Antonio, TX 78205

Thank you for choosing the Ecumenical Center for Religion and Health. By answering the questions below as completely as you can, you will help us to understand you and your situation more fully.

Client Name First MI Last	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Today's Date: ___/___/___	
Home Address City, State, Zip	Home Phone # ()		
Email address	Cell # ()		
Employer	Date of Birth ___/___/___	Age	
Business Address City, State, Zip	Occupation		
	Business Phone # ()		
Relational status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Committed Relationship <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Number of persons other than yourself living in your household? Adults: _____ Children: _____			
Preferred method of contact (check any): <input type="checkbox"/> home phone <input type="checkbox"/> cell phone <input type="checkbox"/> business phone <input type="checkbox"/> email			
Name of Partner / Spouse / Parent / Guardian Information (circle one)			
First MI Last	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Address City, State, Zip	Home Phone # ()		
Email address	Cell # ()		
Employer	Date of Birth ___/___/___	Age	
Business Address City, State, Zip	Occupation		
	Business Phone # ()		
Preferred method of contact (check any): <input type="checkbox"/> home phone <input type="checkbox"/> cell phone <input type="checkbox"/> business phone <input type="checkbox"/> email			
Children's Names	Sex	Age	Descriptive Comment
Have you experienced any major changes or events in your life during the past year? Y <input type="checkbox"/> N <input type="checkbox"/>			
Have you experienced the loss of a friend, family member or other significant person during the past year? Y <input type="checkbox"/> N <input type="checkbox"/>			
Are you presently seeing another counselor? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, whom?			
Have you had previous counseling or psychotherapy? Y <input type="checkbox"/> N <input type="checkbox"/> Where?			
Are you experiencing suicidal thoughts or feelings?			
Why are you presently seeking counseling?			

Physician:	Phone #	Fax #
Are there any health conditions your counselor should be aware of? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please describe.		
Are you currently taking any medications? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please list and give the reason.		
How did you learn of the Ecumenical Center?		

The two following questions, Faith Group and Ethnicity, are helpful to our being able to serve you. In addition, funding sources who help underwrite fee subsidies often ask for the number of persons served by faith group and ethnicity. As always, no identifying or personal data is ever released without your specific, written permission.

Faith Group			
<input type="checkbox"/> Assembly of God	<input type="checkbox"/> Bahai	<input type="checkbox"/> Baptist	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian/Disciples of Christ	<input type="checkbox"/> Church of Christ	<input type="checkbox"/> Church of God	<input type="checkbox"/> Church of Nazarene
<input type="checkbox"/> Episcopal	<input type="checkbox"/> Evangelical Free	<input type="checkbox"/> Greek Orthodox	<input type="checkbox"/> Hindu
<input type="checkbox"/> Independent/Charismatic	<input type="checkbox"/> Independent/Non-Charismatic	<input type="checkbox"/> Islam	<input type="checkbox"/> Jewish
<input type="checkbox"/> Latter-Day Saints	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Methodist	<input type="checkbox"/> Presbyterian
<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Seventh-Day Adventist	<input type="checkbox"/> Unitarian Universalist
<input type="checkbox"/> None	<input type="checkbox"/> Other _____		
Ethnicity			
<input type="checkbox"/> Anglo	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian
<input type="checkbox"/> Other _____			

CANCELLATION AND RETURNED CHECK POLICIES

Because counseling hours are reserved, the Ecumenical Center charges for sessions canceled when less than 24 hours notice is given.

There will be a \$25 charge for each returned check or "do not honor" credit card payment.

ACKNOWLEDGMENT OF REFERRAL

It is the practice of Ecumenical Center to acknowledge and thank members of the professional community for their trust in referring persons to us. By checking the box below, you give us permission to make such contact by phone or letter.

Name of Referring Individual: _____

Street Address: _____ City _____ Zip _____

Your Signature: _____

I give my permission for the Ecumenical Center to acknowledge this referral.

I want to be on the Ecumenical Center's mailing list to receive newsletters and announcements.

Signature _____ **Date** _____