

Bright Hearts Counseling
Jeff VanZant, M.A., LMHC-A
16825 48th Ave. W. Suite 202, Lynnwood, WA 98037
Phone: (206) 679-4321
E-Mail: info@brighthouse.com Website: www.brighthouse.com

Confidential Information Sheet

Date _____ Brief synopsis of concerns: _____
_____ First Appointment Date/Time: _____

PLEASE PRINT ALL INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: ~~Ho~~ _____ cell: _____ Phone: ~~Ho~~ _____ cell: _____

OK to phone you at: home? Y/N ~~call?~~ Y/N ~~work?~~ Y/N OK to phone you at: home? Y/N ~~call?~~ Y/N ~~work?~~ Y/N

email: _____ email: _____

Date of Birth: _____ Age: _____ Date of Birth: _____ Age: _____

Employer: _____ Employer: _____

City: _____ Ph _____ City: _____ Ph _____

Occupation: _____ Occupation: _____

~~Emergency Contact Other Than Spouse:~~ ~~Emergency Contact Other Than Spouse:~~

Name: _____ Name: _____

Phone: _____ City: _____ Phone: _____ City: _____

MARITAL STATUS:

Married: _____ Separated: _____
Divorced: _____ Never Married: _____

Widowed: _____

How long in present status? _____

CHILDREN: Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Have you received counseling before? Yes _____ No _____ Dates: _____

Name and address of counselor: _____

Have you ever been hospitalized for: Mental / Emotional reasons? Yes ___ No ___

~~Drug/Alcohol Addiction?~~ Yes ___ No ___

~~If yes, when and where?~~ _____

Personal Physician: _____ Address: _____ Phone: _____

Are you on any medications now? Please ~~specify~~: _____

Referred to this office by? _____