

Family Resource Counseling Center

11500 West Olympic Blvd. Ste. 420
Los Angeles, CA 90064
Phone: 310-479-9798 / Fax: 310-479-9796

NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ CITY/ZIP _____

SOC.SEC.# _____ DRIVER'S LIC.# _____

PRIMARY LANGUAGE _____ ETHNICITY _____

HOME TELEPHONE _____ CELL PHONE _____

BUSINESS PHONE _____ NAME OF EMPLOYER _____

OCCUPATION _____

BUSINESS ADDRESS _____ CITY/ZIP _____

EDUCATION/ DEGREE _____

MARITAL STATUS _____ NAME & AGE OF CHILDREN _____

CURRENT LIVING SITUATION _____

DATE OF YOUR DUI ARREST: _____ DATE OF ARRAINGMENT: _____

DATE OF ANY PRIOR DUI ARRESTS: _____

DESCRIBE ANY HEALTH PROBLEMS _____

MEDICATIONS YOU TAKE & DOSAGE _____

DOCTOR'S NAME AND PHONE NUMBER _____ (_____) _____

IN YOUR FAMILY, INCLUDING YOURSELF, WAS THERE:

ALCOHOLISM? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____

RESOLVED?: _____

SUBSTANCE ABUSE? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____

RESOLVED?: _____

MENTAL ILLNESS? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____

RESOLVED?: _____

SERIOUS ILLNESS? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____

RESOLVED?: _____

EMERGENCY CONTACT NAME/RELATIONSHIP _____

EMERGENCY CONTACT PHONE:(____) _____

IF THE CLIENT IS A MINOR, WHO IS THE LEGAL GUARDIAN? _____

HOW DID YOU HEAR ABOUT MY SERVICES? _____

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

CLIENT: _____ DATE: _____