

Tranquility Health L.L.C.

Date

Name of Client

 F M

Sex

Age

Birth Date

 S M D W

Material Status

Street

Town

State

Zip

Employer or School

Grade or Occupation

Home Phone Number

Cell Phone Number

Work Phone Number

Name of Responsible Party

Relationship to Client

Client Social Security Number

Highest Level of Education

Responsible Party Social Security Number

How did you hear about us?

Emergency Contact Person

Phone Number

Primary Physician

Phone Number

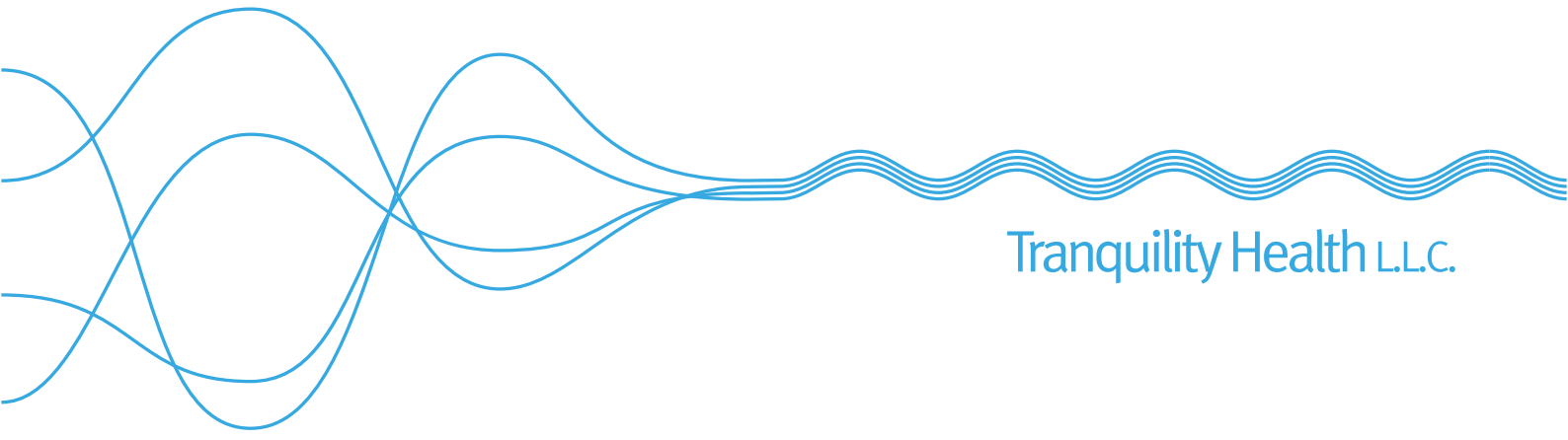
WITH WHOM DO YOU LIVE?

Name

Age

Relationship

Employer or Grade



Tranquility Health L.L.C.

List Previous Psychiatric Counseling

List All Corrent Medical Providers

Medication being taken to treat psychological condition?

Chronic medical conditions such as diabetes, asthma, CHF, CAD, chronic pain, or other?

FOR OFFICE USE

Case Number

Client ID

Dx

Family

Individual