



Catholic Community Services in Western Arizona
Counseling Department
Client Registration Form

Instructions: This form must be filled out completely by the Individual requesting services.

First Name Last Name MI Sex Date of Birth

Phone Number: Home Address:

Secondary Number:

Age: Primary Language: Preferred Language:

Ethnicity: Caucasian Hispanic African American Indian Other:

Marital Status: Single Married Separated Divorced Widowed Co-habitation

If applicable, number of times married

Emergency Contact Information

Emergency Contact: Contact Number:

Relationship: Address:

Attending Physician/Treatment Information

Physician/Treatment Agency:

Physician/Professional Name: Contact Number:

Referral Information

Agency/Entity: Contact Number:

Name of Individual, Position (if applicable):

Referral Basis:

Financial/Employment Information

Do you currently work? No Yes If yes, Part-time Full-time

Employer Name: Length of Emp.: Position:

Income: monthly yearly

Source of Income: Employment Unemployment Disability Other:

Payer

Private Pay\*: Proof of income must be proved to determine session fees utilizing the Sliding Fee Scale.

Insurance Company or Third Party Payer\*:

Name (Insurance Company or Third Party Payer):

Insured's Name: Date of Birth:

Social Security Number: Employer:

Policy #: Member ID: Group #:

\*Responsible Party: Self Third Party:

AHCCCS

AHCCCS ID#: CIS#:

Created: 3/2011

Client Name: Client ID:

**List children and other individuals who live in the household**

Name	Age	Sex	Relationship	Quality of Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor

**Primary reasons for seeking services**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Addictive Behaviors | <input type="checkbox"/> Adolescent Behavioral Problems | <input type="checkbox"/> Alcohol/Drugs     | <input type="checkbox"/> Anger management  |
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Appetite unusual or poor       | <input type="checkbox"/> Bereavement/Grief | <input type="checkbox"/> Child Problems    |
| <input type="checkbox"/> Coping              | <input type="checkbox"/> Couples/Marital Conflict       | <input type="checkbox"/> Depression        | <input type="checkbox"/> Eating disorder   |
| <input type="checkbox"/> Family concerns     | <input type="checkbox"/> Fear/Phobias                   | <input type="checkbox"/> Gambling          | <input type="checkbox"/> Hyperactivity     |
| <input type="checkbox"/> Mental confusion    | <input type="checkbox"/> Relationship difficulties      | <input type="checkbox"/> Sexual concerns   | <input type="checkbox"/> Sleeping Problems |

Other: \_\_\_\_\_

**Behavioral/Emotional**

Please check any of the following that has been experienced by the client in the past two months:

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Angry               | <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Avoidance           |
| <input type="checkbox"/> Bedwetting         | <input type="checkbox"/> Bullying            | <input type="checkbox"/> Carelessness        | <input type="checkbox"/> Clumsy            | <input type="checkbox"/> Confidence          |
| <input type="checkbox"/> Cyber Addiction    | <input type="checkbox"/> Defiant             | <input type="checkbox"/> Depression          | <input type="checkbox"/> Destructive       | <input type="checkbox"/> Difficulty speaking |
| <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Enthusiastic        | <input type="checkbox"/> Feelings of failure | <input type="checkbox"/> Fatigue           | <input type="checkbox"/> Frustrated easily   |
| <input type="checkbox"/> Hallucinations     | <input type="checkbox"/> Helplessness        | <input type="checkbox"/> Hurting animals     | <input type="checkbox"/> Homicidal threats | <input type="checkbox"/> Imaginary friends   |
| <input type="checkbox"/> Impulsive          | <input type="checkbox"/> Irritable           | <input type="checkbox"/> Learning problems   | <input type="checkbox"/> Lying             | <input type="checkbox"/> Loner               |
| <input type="checkbox"/> Low self-esteem    | <input type="checkbox"/> Moodiness           | <input type="checkbox"/> Nightmares          | <input type="checkbox"/> Often sick        | <input type="checkbox"/> Oppositional        |
| <input type="checkbox"/> Panic attacks      | <input type="checkbox"/> Poor appetite       | <input type="checkbox"/> Quarrels            | <input type="checkbox"/> Sadness           | <input type="checkbox"/> Selfishness         |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Sets fires          | <input type="checkbox"/> Sexual addiction    | <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Sleeping problems   |
| <input type="checkbox"/> Soiling            | <input type="checkbox"/> Suicidal attempts   | <input type="checkbox"/> Suicidal threats    | <input type="checkbox"/> Talking back      | <input type="checkbox"/> Teeth grinding      |
| <input type="checkbox"/> Thumb sucking      | <input type="checkbox"/> Unsafe behaviors    | <input type="checkbox"/> Unusual thinking    | <input type="checkbox"/> Weight gain       | <input type="checkbox"/> Weight loss         |
| <input type="checkbox"/> Withdrawn          | <input type="checkbox"/> Worries excessively |  |  |  |

Other: \_\_\_\_\_

**Relationships/Support System**

Who are the people that you turn to for support? \_\_\_\_\_

What are the things you enjoy or have enjoyed doing? \_\_\_\_\_

What do you most value in your life and why? \_\_\_\_\_

When leaving messages, can the employee identify themselves and agency they are calling from?  No  Yes

Created: 3/2011

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Catholic Community Services hereby agrees that it will comply with the provisions set forth by the Civil Rights Act of 1964 that states: Title VI prohibits discrimination on the basis of race, color or national origin under any program or activity receiving federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is the provision of employment or where employment discrimination causes discrimination in providing services under such programs. Title VII prohibits discrimination in employment on the basis of race, color, religion, sex or national origin. In certain instances, differential treatment is allowed for religion, sex, or national origin if it is a bona fide occupational qualification. Sexual harassment is also prohibited under this law as are all forms of harassment based on membership in a protected class.

Catholic Community Services hereby agrees that it will comply with the provisions set forth by the Title VI Prohibition Against National Origin Discrimination that. This federal law prohibits discrimination based on a person's national origin, race, color, religion, disability, sex, and familial status. Laws prohibiting national origin discrimination make it illegal to discriminate because of a person's birthplace, ancestry, culture or language. This means people cannot be denied equal opportunity because they or their family are from another country, because they have a name or accent associated with a national origin group, because they participate in certain customs associated with a national origin group, or because they are married to or associate with people of a certain national origin.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Created: 3/2011

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Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_