



Living Hope

Family Therapy and Counseling
1401 E. Taft, Sapulpa, Ok. 74066
918-914-4673

Dr. Allen Schneider, D.Min., LMFT

FAMILY INFORMATION FORM

Individual:

Name _____

Address _____

City, State, Zip _____

Employment _____

Phone _____

Email _____

Date of Birth _____ Age _____

Church _____

Previously married? _____ Times _____

Physician _____

Medications _____

Individual:

Name _____

Address _____

City, State, Zip _____

Employment _____

Phone _____

Email _____

Date of Birth _____ Age _____

Church _____

Previously married? _____ Times _____

Physician _____

Medications _____

Family Members (list, by age, all children whether living in home or not)

Name	Sex	Age	Grade	In Home?	Medications:

There's Healing And Hope For Families Today!

Any others living in the home? (please list)

Relation to family?

Additional Information:

Are any members of your family currently under the care of a mental health professional?

Explain:

Have any members of your family previously sought professional counseling?

Explain:

Have any members of your family ever been hospitalized due to emotional-mental factors?

Explain:

By whom were you referred? _____

Is there anything else your counselor should be aware of?

What are your best hopes for the time you spend with your counselor?
