

Blair Hollis, M.A.GCDF BCCC

Crossroads Consulting, Inc.
10 Burton Hills Blvd., 4th Floor
Nashville, Tennessee 37215
Phone: (615) 517-0418
blairhollis1985@gmail.com

www.CrossroadsConsultingInc.com

New Client Intake Form

Our careers should fit our lives. I ask for the following information to help me know you better, but provide only that information which you feel comfortable sharing with me.

Today's Date: _____

Name: _____

Date of Birth: _____

Age: _____ Sex: _____

Relationship Status (married, partnered, single, divorced, widowed, etc.): _____

Where did you learn about me? _____

Contact Information

Address: _____

Telephone Numbers:

Work _____ Home _____

Cell _____

Can messages be left at these numbers? Work? Y/N Home? Y/N Cell?
Y/N

EKMail Address : _____ Can messages be sent to this address? Y/N

Emergency Contact Information (Please provide two)

Name: _____ Name: _____
Address: _____ Address _____

Phone: _____ Phone: _____
Relationship: _____ Relationship: _____

Medical Information

Chronic Medical Conditions/Disabilities/Allergies : _____
Current Medications (please list all, including antiKdepressants, as medications can sometimes have sideKeffects that I should be aware of): _____

Learning Disabilities

Do you have a learning disability such as ADD, ADHD, Dyslexia? Y/N _____
Has a parent, sibling or child been diagnosed with a learning disability? Y/N _____

Experience with Counseling

Have you received career counseling in the past? Y/N _____
Have you received other types of counseling (individual therapy, couples therapy, etc.)? Y/N _____
If yes, please tell me about your experiences: _____

Family History

Please list members of your immediate family:

Name	Relationship	Occupation	Age	Living (y/n)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ (continue on back of sheet if necessary)

Have you suffered any losses in the past year to two years? _____

Educational History (complete applicable items):

Name/location of high school: _____ Date graduated: ____
Undergraduate Institution(s): _____ Date graduated: ____
Major(s): _____
Graduate Institution(s): _____ Date graduated: ____
Field of Study: _____

Employment History (or attach a current resume)

Current Employer: _____
How long have you worked here? _____ Type of work: _____

Please provide a brief summary of your employment history:

Employer Worked	Type of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military History

(if applicable, provide branch, rank, enlistment dates, type of discharge)



Recreational Information

Please list your hobbies and recreational activities:

Religious/Spiritual Affiliation. _____

Would you be interested in our presenting a spiritual approach in our counseling sessions if the case arises? (Yes/No)

How can we be of service? Please explain briefly what is it that we can assist you with in our counseling?

Anything else that you feel I should know about you:
