CONFIDENTIAL CLIENT INFORMATION—GROUPS 12160 N. Abrams Road, Ste. 502 Dallas, TX 75243

Group you will be atte	nding:					
Date of Group—Begins	ng Date:					
Group leader(s):						
☐ Rick Polachek, MA, LPC SoJourner Chrisitan Coun	☐ Dianne L. Taylor, MA, LPC New Day Christian Counseling, LLC					
Today's Date:						
Personal Information						
Last Name:		First Name:	MI:			
Address:						
City:		State:	Zip Code:			
Home Phone:		Work Phone:				
Cell Phone:		Email Address:				
Contact at home? Contact at work? Contact by email?	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	Leave a message at home? Leave a message at work?				
Name of person(s) to o	contact in case o	f an emergency:				
2						
Briefly state your reaso	on(s) for decidin	g to join this group:				

Medical Information

How would you rate you	r current physical heal	th? 🗖 E	☐ Excellent ☐ Good ☐ Fair ☐ Poor	
Are you currently experie	encing any physical pro	oblems (e.g., l	headaches, body aches)? 🗖 Yes 🗓	⊒ No
If yes, please explain:				
Please list any learning d	isabilities:			
Previous hospitalizations	for medical reasons:	Date:	Reason: Reason: Reason:	
Have you ever been hosp ☐ Yes ☐ No If yes, plo			eating disorder, or chemical deper	ndency?
Hospital	Date	Doctor	Reason	
Who is your current indiv	vidual or marriage cou	nselor?		
Are you taking any medic				
Medicine & Dose	Prescribing Do	ctor	Reason	
Have you ever: Attended After the Attended Attended After the Attended After the Attended Attend	·	•	cide 🗖 Committed Homicide	