



Ohio Office
120 W. Second St
Suite 425
Dayton, Ohio 45402
Phone: 817-460-1019

Texas Office
1006 N Bowen Rd
Suite 200D-H
Arlington, Texas 76012
Phone: 817-460-1019

Executive Team
Dr. Manuel: 937-329-1298
Dr. Lucas: 740-802-4399
Fax: 817-394-5075

Agape Psych Services, PLLC

www.agapepsychservices.com

Confidential Client Information

Welcome to Agape Psych Services. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Identified patient name: _____

Age: _____ Birth date: _____ Birthplace: _____

SSN: _____

Address: _____

City: _____ Prov/State: _____ Zip/Postal Code: _____

Home phone: _____ Cell number: _____

Can voice messages be left? _____ Do you want text appointment confirmations? _____

Email address: _____

Education (grade completed, any postsecondary): _____

Current Occupation: _____



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Person to alert in the event of medical emergency: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance/ Payor: _____ Phone: _____

Member # _____ Group # _____

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's name: _____ Age: ____ Yrs in relationship: _____

Children (gender, age): _____

Please describe any significant current or past medical problems: _____



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Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each.

Have you had previous psychological care or counseling? Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.



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Have you ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.



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Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with your therapist. Feel free to list more than one goal if you wish.
