

COFFEYTALK, LLC
ADAM D. COFFEY, PH.D.
Certified Professional Coach
Licensed Marriage & Family Therapist
Licensed Professional Counselor
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2626 Cole Avenue, Suite 300
Dallas, Texas 75204
General Information

Name(s): _____

Address: _____ e-mail address: _____

Phone number(s): _____

Date(s) of birth: _____

Family members (List children, parents, siblings, grandparents, ex-spouses, etc. If needed, continue on the back.)

<u>Names</u>	<u>Ages</u>	<u>Relationship to you</u>	<u>Locations</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications/Herbs/Vitamins/Supplements:

Diagnosed medical conditions:

Previous mental-health experiences, including psychiatrists, psychotherapists, psychiatric hospitalizations, diagnosis(es), etc.:

Primary care physician's name and last physical: _____

Alcohol or other drug problems: _____

Received or given abuse: Yes No

IF "Yes," when, what kind, by whom, and how long?

Religious identification: _____

Education: _____

Income source and amount: _____

Self/Other harm behavior: Yes No

IF "Yes," when and how?

What specific changes do you want from therapy?

Please list any other relevant information you think I should know:

Sleep hours nightly: _____

Exercise frequency and type: _____

Diet (meal/snack frequency and health): _____

Referred by: