

Pyramid of Hope Counseling, LLC
5 W. Main, Ste. 3
Boyne City, MI 49712

Website: pyramidofhope.com
Main#: (231) 881-5001
Fax#: (231) 344-6100

Date: _____

Health Information – Adult

Name: _____
(First Name) (M.I.) (Last Name)

Address: _____
(Street and PO Box) (City) (State/Zip Code)

Phone: (H) _____ (Mobile) _____ (W) _____
Please circle the number(s) to use to contact you and if a message can be left at that number.

Email: _____ May we contact you via email? Y/N

Date of Birth: _____ Age: _____ Social Security Number: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Date of Last Physical: _____

Current medications, dosages and reasons you're taking them:

Emergency Contact Person(s): _____ (Phone): _____

Have you ever had thoughts of (or attempted) suicide? _____

Briefly describe the nature of your main problem(s) and how long they have been present:

Referral Source: _____