



Northern Virginia Older Adult Counseling Client Intake Form

REGISTRATION

NAME: _____ Marital Status: M W D S

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT: _____

SECONDARY CONTACT(S): _____

MEDICAL INSURANCE:

Primary _____ ID# _____

Secondary _____ ID# _____

ADVANCE DIRECTIVES: YES _____ NO _____

POWER OF ATTORNEY FOR HEALTH CARE: _____

GENERAL DURABLE POWER OF ATTORNEY: _____

ARE YOU A VETERAN OR SPOUSE OF A VETERAN? _____



MEDICAL

CURRENT MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

RECENT HOSPITALIZATION/SKILLED REHAB: _____

EMOTIONAL

DEPRESSION? _____ ANXIETY? _____ FAMILY CONCERNS? _____ COGNITIVE? _____

BEREAVEMENT/GRIEF? _____ OTHER CONCERNS? _____

SOCIAL

SIGNIFICANT FAMILY MEMBERS/FRIENDS: _____

OCCUPATION/INTERESTS/HOBBIES: _____

SPIRITUAL

FAITH ORIENTATION/SPIRITUAL INTERESTS: _____



ARTIFICIAL INTELLIGENCE (AI)

Are you currently using any AI for therapeutic purposes? If so, which ones and for how long?: _____
