

Texas Military Department Counseling Program

Client Information

Date/Time: _____

Name: _____

Home#: _____ Work#: _____ Mobile#: _____

Address: _____

Email: _____ Rank: _____

DOB: ____/____/____ Age: _____ Sex: () Female () Male () Transgender

What is your preferred method of contact? () Email or () Phone

May we leave messages on your voicemails? () YES () NO If YES, () Home () Work () Mobile

Would you like to receive mail at your home address? () YES () NO

Ethnicity: () Black/African American () Caucasian/White () Hispanic/Latino () Other _____

Primary Language: () English () Spanish () Other: _____

Marital Status: () Single () Married () Partnered () Separated () Divorced () Widowed

Length of time with current spouse/partner: _____

Current Living Situation: () Home/Apt () Staying with Family / Friends () Homeless

() Other _____ Number of People in Household: _____

Religious / Spiritual Practice or Belief: () Yes () No

Employer: _____

Insurance: () Yes () No If Yes, Company: _____

Component: () TXARNG () TXANG () AD () Veteran () Dependent () Other _____

Rank: _____ Unit: _____ Wing: _____

TXMF Duty Status: () M-Day () ADOS () AGR () Retired Years of Service: _____

Name: _____ Date / Time: _____

Years/Months since last Deployment _____ Duration of last Deployment _____

OIF/OEF Deployments _____ Non-OIF/OEF Overseas Deployments _____

Domestic Deployments _____ Other _____

Deployment Experiences _____

Do you believe your issues are deployment related? Yes No

Name of Emergency Contact: _____

Home#: _____ Work#: _____ Mobile#: _____

Address: _____

WHAT WOULD YOU LIKE TO ACCOMPLISH OR CHANGE WITH COUNSELING? _____

HOW DID YOU FIND OUT ABOUT OUR PROGRAM?

() At Drill / AT () Other Service Member () Commanding Officer () Chaplin

() Other _____

Were you told you must (ordered to) meet with a Counselor? () Yes () No

Are you here voluntarily? () Yes () No

Signature: _____ Name: _____ Date: _____

Counseling Program Use

Notes _____

Completed: Face to face Telephone NetTalk Client completed and returned via email/mail

TMD Counselor Signature/Date _____

Print TMD Counselor Name: _____