

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: \_\_\_\_\_