

**From the Office of  
Judith Schulman-Miller LCSW  
6 Office Park Circle Suite 304  
Birmingham, Alabama 35223  
205 879 2191**

**Grief Support Group  
Client Information Form**

Client Name \_\_\_\_\_ Date of Visit \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Permission to call? \_\_\_ Leave Message? \_\_\_  
Work Telephone \_\_\_\_\_ Permission to call? \_\_\_ Leave Message? \_\_\_  
Cell Telephone \_\_\_\_\_ Permission to call? \_\_\_ Leave Message? \_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employed by \_\_\_\_\_ Position \_\_\_\_\_

Name of Partner \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employed by \_\_\_\_\_ Position \_\_\_\_\_

**Name and Ages of Children and others in your household**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Current medical Problems \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Previous Counseling History:(therapist, dates, problem, outcome)  
\_\_\_\_\_  
\_\_\_\_\_

**What concerns bring you here today?**  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like to happen as a result of coming here?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_