

Date of Intake _____ Group Assigned _____

Anger Management I

Anger Management II

Domestic Violence level I

Domestic Violence level II

American Comprehensive Counseling Services

Today's Date _____

Please answer all questions completely or put N/A if it doesn't apply to you.

Have you ever attended any programs at ACCS before: Yes No

If court or CPS ordered:

Name of Court if applicable: _____

Judge/PO: _____

Court Case #: _____

Date of required completion: _____

Name Social Worker: _____

Medicaid: (Yes/ No) Recipient ID #: _____

Name and # of Attorney or Public Defender: _____

Client Identification Information

Name: _____ Date of Birth: _____
First MI Last

Address: _____
Street/Apt# City St Zip

Phone: (H) _____ (W) _____ (C) _____

(E-mail) _____ (SSN): _____ (Age): _____

Gender: M _____ F _____ Gender Identity: _____

With which ethnic group do you identify? _____

Check one: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___

List the members of your family and all others in your home:

Name(s) Age/Birth Date Relationship

Do you have children not currently living with you? Yes ___ No ___ If so how many?
