



### Counseling and Spirituality

George Campbell Hage, Ed. D., Ph. D., LCMHCS, 3153 Reynolda Road NW, Winston-Salem, NC 27106,  
Tel: 336-749-4163, email: [george@counselingandspirituality.org.in](mailto:george@counselingandspirituality.org.in)

#### FAMILY COMPOSITION & CONTACT INFO

Please list all family members living in the house, their ages (or dates of birth), their preferred phone number and preferred email address.

Name	Date of Birth/Age	Phone	email	School or Work name

The primary contact is (name): \_\_\_\_\_

What is the best way to reach you?    Phone            email            text message

The secondary contact is (name): \_\_\_\_\_

What is the best way to reach you?    Phone            email            text message

Physical address (street, city, zip): \_\_\_\_\_  
\_\_\_\_\_



Entering Roots of Being

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Do you and/or any family members, including parents, have a history of mental health treatment?     No    Yes

If yes, please describe, including therapist's names & dates:

Do you and/or any family members, including parents, have a history of addictions?     No    Yes

If yes, please describe, including therapist's names & dates:

Do you and/or any family members, including parents, have a learning disability?     No    Yes

If yes, please specify:



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What is the name of your physician or your child's pediatrician? \_\_\_\_\_

Do you and/or any family members, including parents, have a major or ongoing medical issue? \_\_\_No \_\_\_Yes

If yes, please specify:

Are you and/or any family members, including parents, currently using prescription medication? \_\_\_No \_\_\_Yes

If yes, please specify:

Please briefly describe the spirituality and/or religion of you, your immediate family, and your family of origin.



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How did you hear about our therapy work?

- Psychology Today
- Recommended by: \_\_\_\_\_
- Through writing or blogs by one of our therapists
- Other: \_\_\_\_\_

You will be paying for therapy apart from using insurance. You may pay with cash, check, Venmo, Cash App, PayPal, Apple Pay or Google Pay. Please initial indicating that you have read and agree with this policy: \_\_\_\_\_

Note: Our therapists' hours vary, including some evening hours. Appointments last at least 60 minutes. Please note that we will schedule appointments at the end of every session. Please initial indicating that you have read and agree with this policy: \_\_\_\_\_