

*Chidi Ndubueze*



RECOVER. HEAL. CHANGE.

ADDRESS: 4917 N Portland Ave  
Oklahoma City, OK 73112

**Capable Counseling Services (CCS)**

PHONE: 405-412-6218

FAX: 405-285-5590

## BIOGRAPHICAL INFORMATION

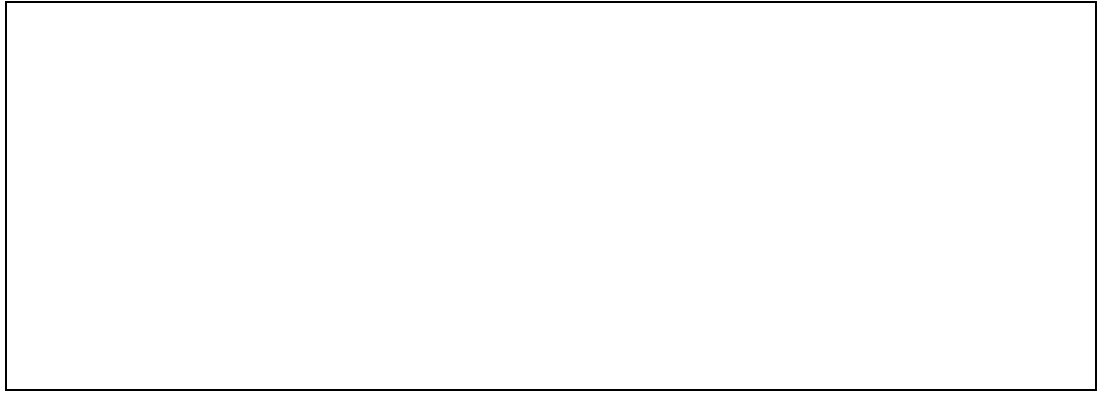
Client Name:		DOB:		Phone:	
Address:			City:	State:	Zip:
Email:		Marital Status:		Gender:	
				Race:	
Insurance:		Member ID:		Group ID:	
Preferred Language:					
Emergency Contact:	Name:				
	Phone #:		Relationship to Client:		

## TELL ME A LITTLE BIT MORE ABOUT YOURSELF

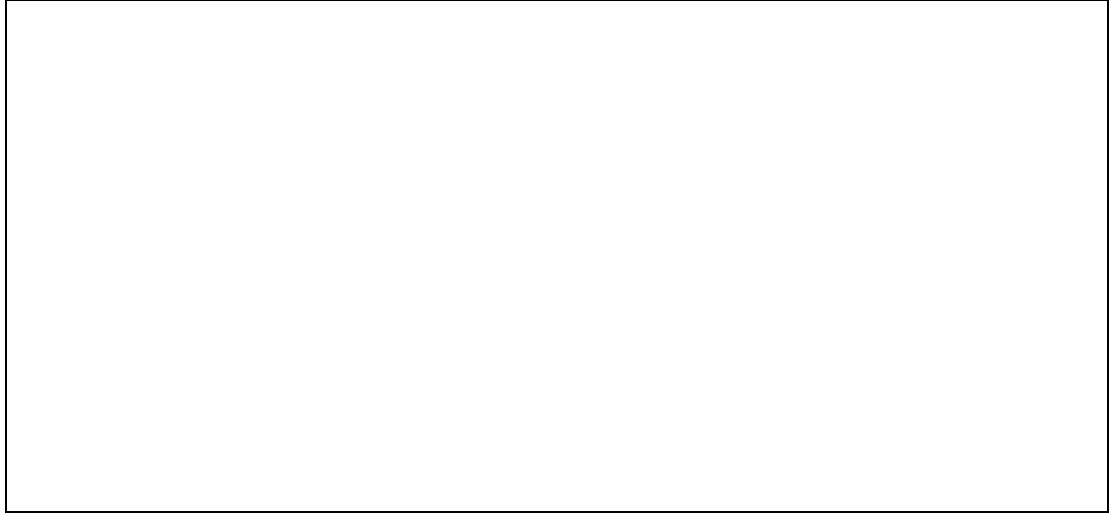
Current Symptoms or Concerns  
Include History of Trauma  
(Past or Present):

Prior Treatment (counseling)  
History:

Childhood Experiences or  
Issues:



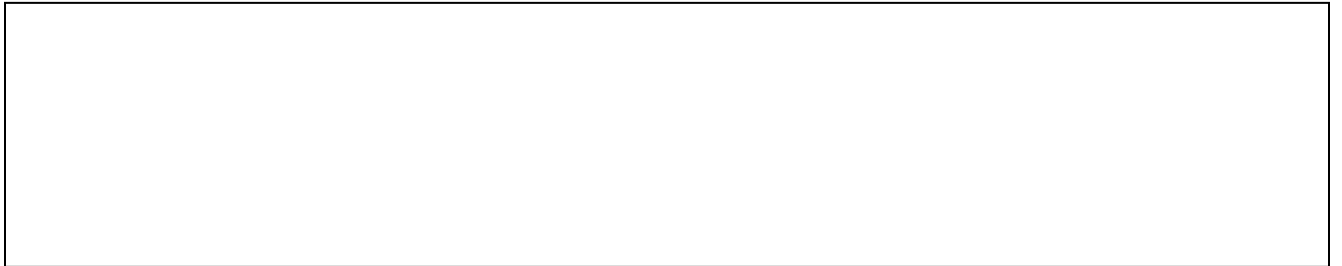
Family History of Mental  
Health:



Education:



Occupation:



Hobbies & Social  
Activities:



History of Medical Health:

Allergies:

Current Medication List (Include Uses and Start Dates):

Alcohol/Drug Use – (Include Frequency & Age of First Use):

What Are Your Strengths? What Motivates You?

What Do You Wish to See change? What Do You wish to Gain Through Counseling?