

The Calumet Center for Healing and Attachment

Strength ~Empowerment ~Resilience



Outreach Application

ph. 706-416-2825

PO Box 1073 LaGrange, GA 30240

Legal Name _____ Today's date _____

Date of Birth _____ Marital Status _____ No. of Children _____

Mailing Address _____

Telephone # _____ Alternative # _____

Email: _____

Emergency Contact Name and Phone Number _____

Relationship to client _____

Presenting Problem (Choose one):

Please Explain:

If applicable, please answer the following:

Drug of Choice _____

Date of Last Use _____

Have you ever been to counseling? If so, when?

What did you like and/or dislike about your counseling experience

Symptoms you are experiencing:

Previous and current mental health diagnoses:

What are your strengths?

What are your needs?

Please indicate your current availability:

Monday	Tuesday	Wednesday	Thursday (telehealth only)
9am-12pm	9am-12pm	9am-12pm	9am-12pm
12pm-3pm	12pm-3pm	12pm-3pm	12pm-3pm
3pm-7pm	3pm-5pm	3pm-5pm	3pm-5pm

** Please note: we do what we can to be accommodating to your current needs, however, session slots fill up fast. If you need a school or work note, CCHA can provide that!

Please indicate your preferred mode of counseling (choose 1 or more):

In-person

Telehealth

Either

Do you also need case management services?

Yes

No

Please return to CCHA or email to calumethealing@gmail.com. We will be in touch shortly!

Client Signature and/or Legal Guardian

Today's Date