

First name: _____ Last Name: _____ MI: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____ Race/Ethnicity: _____ Marital Status: _____

Main Phone: _____ Cell Phone: _____ Ok to leave message and/or text? _____ (initial)

Email address: _____ @ _____ (for invoicing)

Employer: _____ Your job: _____

Physical Home Address:

_____ City: _____ State: _____ Postal Code: _____

Emergency contact name _____ Phone number _____

Relationship to you: _____

Household (first name and age of others in your home): _____

Children living out of home (if so, first name & age)? _____

What brings you in today? _____

Previous Counseling Experience: Y or N Mental Health Diagnoses: _____ In counseling elsewhere? Yes No

Current Medications (for any reason): _____

Have you ever been hospitalized for medical concerns? **Yes** or **No** If yes, briefly describe reason/condition _____

Have you ever been hospitalized for psychiatric/mental health/behavioral health reasons? **Yes** or **No**

If yes, briefly describe reason/condition/diagnoses _____

Are you having suicidal thoughts currently? **Yes** or **No**

Have you ever had thoughts of suicide in the past? **Yes** or **No**

Have you witnessed violence or threat of violence upon you or another person at any point in your life? **Yes** or **No**

Do you feel unsafe for any reason? **Yes** or **No**

List or describe troubling emotions or behaviors you are experiencing or have in the past 6 months: _____

Describe your childhood in a few words: _____

Did your parents remain married and together? Yes or No If not, how old were you when they separated? _____

Did you directly experience or witness harsh treatment of yourself or others? Yes or No

Gender and approximate age of siblings/step-siblings _____

What religion, faith or spiritual belief system, if any, was practiced in your home when you were growing up? _____

How would you rate the importance of religious practice in your home: Unimportant 1 2 3 4 5 Very important

What religion, if any, do you currently practice or identify with? _____

How would you rate the importance of that practice in your family now? Unimportant 1 2 3 4 5 Very important

Describe your romantic relationship history in a few words: _____

Have you ever been involved in a psychologically or physically abusive relationship? Yes or No

Have you ever been divorced? Yes or No If so, how long ago? _____

If you have a partner/significant other, describe that relationship in a few words: _____

How long have you been together?: _____ If married, how long? _____

Is it currently satisfactory? Yes or No

Is your social life satisfactory? Yes or No _____

If a parent, are you satisfied with your relationship with your children? Yes or No or N/A _____

Are you having any problems in school or work? Yes or No _____

Do you find your work or school life satisfactory? Yes or No _____

Do you or did you have any difficulty with school work or conduct in school? _____

What would you like to get out of counseling? _____