

Do you (or your child) have a history of being abused physically or emotionally? If so, Please describe the circumstances.

What prescription medications are you currently taking? Please list medication and dosage:

What non-prescription medications do you regularly take? Please list medication and dosage:

Have you participated in any type of outpatient counseling in the past? If so, when, with whom, and for what concern?

Do you drink alcoholic beverages? Yes _____ No _____
If yes, please list the kind of beverage(s) and the number of drinks you've consumed in the past week:

Kinds: _____ Number of drinks: _____
Was this a typical week? Yes _____ No _____

Do you use any other recreational drugs/substances? Yes _____ No _____
If yes, please list the kind of drug(s) and the number of times used in the past week:

Kinds: _____ Times used: _____
Was this a typical week? Yes _____ No _____

Have you had any major life changes/events in the last year? Please Describe:

Is there anything else that you believe is important for your therapist to know about as you begin treatment? Please describe:

Circle any of the following that are a concern to you:

- | | | | | | |
|--------------|----------|----------------|-----------------|-----------------|--------------|
| nervous | fearful | finances | headaches | loneliness | nightmares |
| friends | anger | numbing out | divorce | eating problems | shyness |
| heart racing | on guard | relationships | concentration | impulsivity | running away |
| distracted | shame | self-doubt | self-esteem | sadness | self-control |
| work | school | withdrawn | stomach pain | hearing voices | arguments |
| drug use | marriage | hopelessness | sexual problems | physical abuse | suicidal |
| guilt | children | alcohol use | spirituality | parents | sexual abuse |
| memory | tension | legal problems | inferiority | people | my thoughts |

This Client Information form has been completed by: _____

* If you are planning to bring your child for counseling services, please also download and complete the “Child and Adolescent Intake Form” and bring it with you for the first appointment.

** Please be sure to bring your medical insurance card with you to your appointment and present it to the receptionist when you check in. She will need it to make a photocopy for our records and confirm your coverage.