

The following form, which will become part of your confidential record, will enable me to gain a quicker understanding of you. Please answer each question as completely and carefully as you can.

Date: _____ Name (Primary) _____

Date of Birth _____ Age _____

Address _____

Phone _____ Email address _____

Occupation _____ Employer _____

Highest level of education completed _____ Marital Status (presently) _____

Person to contact in case of emergency _____

Emergency Contact Phone number: _____

Are you currently receiving medical treatment? _____ Physician's Name: _____

List any prescription or non-prescription drugs you are now taking _____

Have you previously had counseling / therapy? Y N When? _____

For how long? _____ Why did you stop? _____

Do you have any firearms in your residence or on your property? Y N How are they secured?

How did you find us? _____

What is (are) the primary issue(s) bringing you to counseling?

What are your goals for counseling?

How will you know when you no longer need counseling?

What are your strengths?

What do you consider your challenges?

On a scale of 1-10 with 1 being the most depressed/anxious and 10 being the happiest, where are you today?

Do you have any questions or concerns about counseling that you'd like us to discuss today?

Is there anything else you'd like me to know before we get started?