

Confidential Information

Name _____ Today's Date _____

Date of birth _____ Age _____ Circle M F

Address _____ City _____ Zip _____

Please let me know where I can leave a confidential message:

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Emergency Contact: Name _____ Relationship _____

Phone _____

Have you been having any suicidal or homicidal thoughts? _____

Have you ever attempted suicide? _____ When? _____

Were you hospitalized? _____

Has there been violence in your current relationship? _____

When was your last physical exam? _____ And how is your overall health? _____

Your physician's name: _____ Phone: _____

If you are currently taking medication:

Name of medication	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continue to next page)

Highest level of education: _____

Names, ages and relationship of others in your home: _____

Have you or anyone in your family been diagnosed with a mental illness, or have alcohol or other substance abuse problems?

Self _____

Mother _____

Father _____

	MOM'S SIDE	DAD'S SIDE
Grandparents	_____	_____
Siblings	_____	_____
Aunts /Uncles	_____	_____
Cousins	_____	_____

If you have had counseling previously, please list

approximate dates	focus of the sessions	reason for termination
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you find us? Website: _____ Search Engine : _____

Word or phrase you searched _____

Or referred by: _____

If it's ok for us to thank him or her, what is the best way to get in touch?

Email: _____ Phone: _____

Address: _____