

CLIENT INFORMATION

Date _____

Your Name _____ Date of Birth _____

Address _____

City _____ State _____ Country _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email address _____

What is your preferred method of contact: Home Work Cell Email Text

Is this method private (may I leave messages there)? ____ yes ____ no

Employer/School _____

Relationship Status _____

Please list only those family members who live with you.

Family Member's Name	Relationship	Age	Occupation/School
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Person who can be contacted in case of emergency? Name _____

Address _____ Phone _____

What brings you here? _____

Lisa Blair, MA process-oriented facilitator

Prior counseling? ____yes____no How long ago? _____

For what issues? _____

Current medical or physical issues? _____

Current prescription medications (add another page if needed)

Lisa Blair, MA process-oriented facilitator

I know that for some people, sharing any information about a current or previous mental health diagnosis can be a very sensitive experience. Please know that I am asking this in order to best serve your process and needs, and in certain instances, to refer elsewhere due to my own limitations as a practitioner.

Have you ever been diagnosed by a psychiatrist with a mental disorder (e.g. major depressive disorder, generalized anxiety disorder, bipolar disorder, borderline personality disorder, narcissistic personality disorder, schizophrenia, etc.)? ___yes___no

If yes, what was (were) the diagnosis(es) and when were you diagnosed? Are you currently under a psychiatrist's care?

Do you drink alcohol? ___yes___no

How Often? _____ How much? _____

Do you smoke cigarettes? ___yes___no

How Often? _____ How much? _____

Do you use other substances? ___yes___no

What substances? _____

How Often? _____ How much? _____

Have you ever sought help from an addiction treatment center (rehab)? ___yes___no

For what addiction(s) and when?

Lisa Blair, MA process-oriented facilitator

How did you hear about my services? _____

Who referred you? _____ May they be thanked for the referral? ____yes____no

Please read the above information carefully and sign to confirm that you understand and agree to it:

Signature _____ Date _____