

Client Profile Information

Please PRINT

Date: _____

Name: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

I prefer you to contact me at my: Home, Work, Cell, Email (circle all that apply)

Address: _____

County of Residence: _____

Referred by: _____

Occupation: _____

Title: _____ Company: _____

Reason for Appointment

I have this appointment because I'd like help with _____

I made this appointment: Myself ____ **OR** At the urging of (or) by referral from:

because s/he feels I need: _____

I have tried to resolve my problem by _____

Date of Birth: _____ Age: _____ Ethnicity _____

Marital Status and length of time of status: Single _____ Married _____

Widowed _____ Divorced _____ Separated _____ Engaged _____

Immediate family members:

Name	Age	Relationship to Client
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Name	Age	Relationship to Client

Emergency Contact (Person living with or near you):

Name _____
Address _____
Phone _____ Email: _____

Medications presently taking and dosage: _____

Physician:

Name _____
Address _____
Phone _____

List any previous counseling experience:

Counselor's Name _____
Dates _____
Address _____
Phone _____

Were you ever hospitalized for psychological problems? Yes _____ No _____

If Yes:

Dates _____
Places _____
Problem(s) _____

How much alcohol or other substances do you consume on a weekly basis?

Do you have concerns about your alcohol/substance use?

Yes ____ No ____ If so, what are your concerns? _____

Have others expressed concern regarding your alcohol/substance consumption?

Yes ____ No ____ If yes, what concerns did they express? _____

Do you currently, or have you in the past ever had suicidal feelings or attempted suicide? If yes, share when and how? _____

You will receive a link to my HushMail HIPPA secure account to upload the completed form. If you have any questions, please call me at 303.378.6793 or email me at KellyEcounseling@hushmail.com.