HEATHER HANSON BROOME

Client Information

Name _____ **Date of Birth** _____

Address_____ Apt # _____

City _____ Zip _____

Cell Phone _____ May I leave a message? Yes ☐ No ☐

Home Phone _____ May I leave a message? Yes ☐ No ☐

Email _____

Please know that email is not a guaranteed form of confidential communication.

Please indicate all that apply

Single ☐ Married ☐ Coupled ☐ Separated ☐ Divorced ☐ Widowed ☐

Other individuals in the home

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

How do you self-identify in terms of gender / sexual orientation? _____

How/Do you identify religiously / spiritually? _____

How do you culturally / racially / ethnically identify? _____

Do you have a primary healthcare provider? _____

When was your last exam? _____

Are you currently being treated for any psychological or physical conditions?

Please list any medications that you are currently taking.

How often do you use alcohol or drugs? How much? Has anyone close to you ever been concerned by your use?

Have you experienced in the past or present any suicidal thoughts, suicide attempts or hospitalizations? If so please explain.

Please indicate if you have a family member with history of any of the following

Alcohol / Substance Abuse _____

Anxiety _____

Depression _____

Domestic Violence _____

Eating Disorders _____

Obesity _____

Obsessive Compulsive Behavior _____

Schizophrenia _____

Are you sexually active? Yes ☐ No ☐

Are there areas in your sexual life that you are struggling with?

Please list any major life changes, transitions, births, deaths, or traumas.

Have you been to counseling before? If so how was it helpful? How was it not helpful?

What are the reasons that are bringing you into counseling?

What are you hoping to accomplish?

I hereby acknowledge full responsibility for payment of services

X_____ _____
Signature of Responsible Party Date