Private Practice of Marya Samuelson, M.Ed., LPCC

Client Information Form

General Information

Name: _____ Date:_____

Address: _____

City/State: _____ Zip:_____

Home/Cell Phone: _____

Work Phone: _____

Email Address: _____

*Is it OK to leave you a msg on your home/cell phone? ____ At work: ____
*Is it OK to communicate with you via email? _____
Best times to reach you? _____

DOB:_____ Gender: M_____ F_____ T_____ Ethnicity: _____

Employment: _____ Level of Education: _____

Referred by: _____

What are the three most important concerns that have brought you to therapy?

_____

_____

_____

Have you addressed these concerns in the past?

_____

_____

What would you like to accomplish in therapy now?

_____

_____

Medical Information

Would you describe your physical health as (circle one):
Excellent Good Average Poor

Describe your current diet, exercise and chronic health problems:

Please check all of the symptoms you are currently experiencing:

____ Depression	____ Weight Changes	____Difficulty Concentration
____ Panic Attacks	____ Perfectionism	____Difficulty Sleeping
____ Body aches/pains	____ Nightmares	____Anxious/Tense
____ Lonely/Isolated	____ Suicidal	____Inferiority Feelings
____ Hear voices	____ Low Energy	____Confusion
____ Rage	____ Feelings of Hopelessness	

Date of your last physical exam:

Name of your health care provider:

Have you ever been treated for a mental health concern with (circle one):

Therapy Medication Hospitalization Other

List current Medications:

List current involvement with other mental health professionals

	You		**Family/Partner**	
Check If Appropriate:	**Past**	**Present**	**Past**	**Present**
Substance and/or alcohol abuse				
Neglect/abuse/family violence				
Sexual assult/assult				
Emotional abuse				
Chronic Physical pain				

Family and other Information

List parents, siblings, or any other significant members in your household while growing up:

Name	**Gender**	**Current Age**	**Relationship**

What was it like growing up in your family?

Below list members of your current household;

Name	Gender	Current Age	Relationship

Describe your support system:

Describe any spiritual or meditative activities you are involved in:

Is there anything else you would like me to know about you?