

Overview and Contemplation

Please settle in and take your time filling this out. This invitation for relaxed thoughtfulness is potentially the beginning of our work together. If you experience any difficulties in completing this form, please don't hesitate to contact me, so we can figure out a workable solution.

Thank you!

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Other: _____

Is text messaging (SMS) an acceptable way to contact you? Yes/No

Please name any ways you do NOT wish to be contacted (example: home phone, text, email):

Would you be willing to use an app (called Signal) that does not store any content on its servers, for any text messages between sessions? More info can be found at signal.org _____

Occupation/Employer: _____

Marital status: _____ Do you have children? How many? _____

Names, ages of children _____

Emergency contact (name, address, phone): _____

I, _____ (client), hereby give my consent for Andrea Bell, LCSW, to contact the above-named person (emergency contact) for urgent or emergency purposes, at her discretion. This may include a potential medical emergency, or any other circumstance in which she has reason to be concerned about my welfare or well-being. I understand that I may revoke this consent in writing at any time. Signed: _____

Financial Information:

Annual household income _____ How will you be paying for treatment?
(cash, check, charge) _____

Name of health insurance company _____

I have received and read Andrea’s Office Policies _____ (initials)

I understand that I am responsible for paying the entire session fee of _____ if I cancel or don't
show up for my appointment with fewer than 24 hours' notice (or for Monday appointments, before
10AM the preceding Saturday). _____ (initials)

Areas of Concern: (Continue on back of page if needed)

What issues/concerns are causing you to seek therapy? Please describe.

Do you have any specific goals with regard to our work together? _____

Do you have any particular concerns/fears with regard to our work together? _____

Psychological History

Have you ever received mental health treatment before? _____ When and for
how long? _____ What was the focus of

treatment? _____

Name of treating therapist(s), address(es), telephone number(s) _____

Have you ever been hospitalized for mental/emotional problems? If so, when/how long?

Why were you hospitalized? _____

Have you ever seriously considered suicide/ending your life? _____

Have you ever attempted suicide/ending your life? _____

What happened? _____

Do you currently have any thoughts (voluntary or involuntary), desires, or plans to hurt yourself or end your life? Please describe:

Are you currently on any prescription medications? _____

If so, which ones? _____

Who's prescribing them? _____

Have you ever been on any medication for a mental or emotional condition? Please describe: _____

Have you ever been diagnosed with a serious injury or physical illness? Please describe:

Do you have any medical conditions that may affect your mental health treatment? _____

Have you had any surgeries? If so, what was the purpose/intent, and how did it go?

Please describe your overall health today: _____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe: _____

Do you smoke? _____ How much? _____ For how long? _____

Do you drink alcohol? _____

On average, how much alcohol do you consume in a week? _____

Do you currently use illegal drugs? Please describe your use _____

Have you ever used illegal drugs? Please describe. _____

Family of Origin History

Mother's name, age, living/deceased, your age at the time of mother's death: _____

Father's name, age, living/deceased, your age at the time of father's death: _____

Names and ages of siblings: _____

Lifestyle

How would you describe your ethnic/cultural heritage? _____

Please describe your spiritual identity/orientation. _____

How would you describe your gender? _____

Please describe your interests/hobbies. _____ i _____

What's your diet like? Favorite foods? Eating practices? _____

How would you describe your relationship with nature/the land? How often do you go outside?

What are your thoughts/feelings about the current state of our world? _____

What is your favorite animal? _____

What makes you the happiest?

Are you now or have you ever been involved in a lawsuit? _____ Please

describe. _____

Please feel free to use the other side of these pages, to include any other information that may be relevant to our work together. Thank you!