

Client Information

Today's date: _____

Note: If you have completed this paperwork before, please fill in only the information that has changed.

Please skip questions that you do not feel comfortable answering; we will discuss these in session.

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Preferred Name: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Mailing address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Preferred phone: _____ Second phone: _____

e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions:

B. Referral: Who referred you or how did you find out about On Solid Ground Counseling Services?

Name / Source: _____ Phone: _____

May I have your permission to thank this person for the referral? Yes No

How did this person / source explain how I might be of help to you?

C. Religious and racial/ethnic identification

Current religious denomination/affiliation _____

Level of Involvement: none some/irregular active other _____

How important are spiritual concerns in your life?

Which (if any) church, synagogue, temple, or meeting are you involved with?

What ethnicities/national origins/races, if any, do you identify as?

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

Current medications: _____

Do I have permission to coordinate your treatment with your primary care physician? Yes No

E. Employment

Profession: _____ Employer: _____

Length of employment: _____

Past employment (list any significant changes in past 5 years):

| Dates | Name of employer | Job title or duties | Reason for leaving |
|-------|------------------|---------------------|--------------------|
|-------|------------------|---------------------|--------------------|

F. Your education and training

| Date | School | Did you graduate? | Degree |
|------|--------|-------------------|--------|
|------|--------|-------------------|--------|

G. Family

Marital status: Single Married Partnered Multiple

Relationships Divorced Other _____

| Children: | | |
|-----------|-----|--------------|
| Name | Age | Living with? |

Who currently lives in your home?

F. Emergency contact information

If some kind of emergency arises and I, the counselor, need to reach someone close to you, whom should I call?

Name: _____ Phone: _____

Relationship: _____

Please indicate under what circumstances I can use this contact:

I have attempted contacting you and have had no response for _____ days and I have some reason to be worried about your well-being (i.e. suicidal ideation, severe depression, etc)

You require medical attention while in my office

Other: _____

Note: this does not replace my duty to breach confidentiality under situations described in the Colorado statute 12-43-218.

G. Preparation for First Session

You can answer these anyway you see fit; complete sentences are not necessary.

1. What current symptoms would you like to address?

2. What stories do you hold about these symptoms? What do you think causes them? What do you think is keeping you from overcoming them?

3. How will you know it's time to end therapy? How will your experience be different? How will your life be different?

4. What events have shaped who you are and how you see the world? These might be big events or recurring events (or lack of events) of a similar theme (e.g. "My parents often told me I was too much."). These events can also include positive experiences. Please provide 'headlines' here; we will go into more detail in session.

5. What are your current coping strategies? Which strategies actually help? Which do not?