HOLLAND WELLNESS COUNSELING SERVICES

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

May we leave a message at these numbers? Yes ____ No ____

E-mail: _____

Employer: _____ Occupation: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ Age: _____ Years married: _____

Employer: _____ Occupation: _____

Person responsible for bill: _____

Person to contact in case of an emergency: _____

Relationship: _____ Phone number: _____

Who referred you? _____

Family physician: _____ Phone: _____

May I contact this physician to discuss your treatment? Yes____ No____

Are you currently taking prescription medications at this time? Yes____ No____

If yes, what type, for what purpose, and who prescribed the medications?

Do you have children? Yes ____ No ___ If yes, how many? _____

Name	Age	Biological/Step/Adoptive

Has anyone in your family had counseling before? If so, what for?

_____

Is there any history of drug/alcohol abuse with father, mother, siblings, or extended family?

Yes ___ No ___

If yes, please describe: _____

_____

Is there family history of sexual abuse? Yes ____ No ____

Do you use alcohol and/or drugs? Yes ____ No ____

If yes, please describe frequency and type: _____

_____

Are you currently using any type of psychiatric medications? (Includes ADD/ADHD medications, Anti-depressants, Anxiety medications) If yes, who prescribed them, and what are the doses and frequency of use.

_____

_____

Have you ever had counseling? Yes ___ No ___ if yes, please describe why counseling was sought and who was your therapist and/or doctor?

Please describe any major changes that have occurred in your life or your family's lives in the past few years (i.e., hurricanes, moves, changes in number of family members, marital status, income, employment, death of a loved one, etc.)

Please list any major or chronic health problems for which you are currently receiving treatment:

What brings you into counseling?

What do you hope to accomplish through counseling?