

La Perla Counseling & Trauma Response Services, Inc.

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PERSONAL DATA

Name: _____ Age: _____ Date of Birth: _____

Parents' Names: _____

Siblings' Names: _____

Spouse or Significant other: _____

Children: _____

Support Person: _____

Hobbies/Interests: _____

Losses: _____

Reason For Visit: (please circle) Addiction Depression Co Dependency Mental Disorder

Other: _____

Are You Involved In a 12-Step Group or Support Group of Some Kind? Yes No (please circle)

Do You Prefer Traditional Counseling or Christ Centered Counseling? (please circle)

Do You Have a Religious Preference _____ Place of Worship _____

Beverage Preferences: (please circle) Coffee, Decaf, Tea, Decaf, Diet Pop, Hot Chocolate, Cider, Water, Other: _____

Medications Currently Taking (if any): _____

Pertinent Medical History:

Do you use any of the following? (please circle)

Alcohol: Yes No Tobacco: Yes No Other Drugs: Yes No Any Other: _____

Who Referred You to Me? _____

What is Your Goal for Treatment/Visit Today? _____

Why Now? _____

Current or Past Treatment Information:

Have You Ever Received Psychological Counseling Or Psychiatric Counseling Before? Yes No (please circle)

Counselor or Doctor's Name(s): _____

Please Describe The Main Difficulty That Has Brought You To See Me: _____

Indicate The Severity Of Your Problems On The Scale Below: (please circle)

Mild Moderate Severe Extremely Severe Incapacitating

Please Indicate The Major Stressors In Your Life In The Last Twelve Months: (please circle)

Serious Injury/Illness Death Of Close Friend or Relative Major Illness In Family

Divorce/Separation Job Change Gain of New Family Member

Other (please describe): _____

Please Describe What You Would Like To Be, Different In Your Life, When You Are Done With Therapy: _____

Have You Ever Thought About Suicide? YES NO (please circle)

Have You Ever Attempted Suicide? YES NO (please circle) If Yes, when? _____

Are you required by a court, the police, or a probation officer to have this appointment? YES NO (please circle) If Yes, please explain _____

Other:

Is There Anything Else That Is Important For Me As Your Therapist To Know About, And That You Have Not Written On Any Of These Forms? If Yes, Please Tell Me About It Here Or On Another Sheet Of Paper

Client Signature: _____

Date: _____