

Barbara A. Segal, LPC, NCC, CHT

Mindful Pathways Counseling

Individuals, Couples and Families

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INDIVIDUAL CLIENT INFORMATION FORM

Name: _____

Today's Date: _____

Address: _____

Telephone: (cell) _____

OK to leave message? Yes ___ No___

Telephone: (home/work) _____ **OK to leave message? Yes ___No___**

Email address _____

Date of Birth: _____ **Age:** _____ **Gender:** _____

Occupation: _____ **Education:** _____

Relationship Status: Single___ Partnered___ Married___ Divorced___ Widowed___

Name and number of person I can contact in case of emergency: _____

Please list the current members of your household:

<u>Name</u>	<u>Age</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have had previous counseling or therapy, briefly describe this experience (when, with whom, and why you sought help).

Briefly describe your reason(s) for seeking counseling:

Please list any medical problems or physical symptoms. _____

Please list any medications that you are currently taking.

Name of medication **Dose** **Taken for:** **Prescribed by:**

Have you thought about hurting or killing yourself within the past 6 months? No__ Yes__

Have you ever attempted suicide? No__ Yes__ If Yes, when? _____

What do you consider your strengths? _____

How did you learn about my services? _____

Thank you for completing this form. Barbara A. Segal, LPC, NCC, CHT

