

Laura Venable, MA L.M.F.T
Licensed Marriage and Family Therapist
License #MFC 37822

CLIENT INFORMATION

Today's Date _____

Name _____	Birthdate _____	Age _____
Street Address _____		
City _____	State _____	Zip _____ SS# _____
Home Phone (____) _____		Work Phone (____) _____
Is it ok to place a discrete call at your work? Yes No		
Education _____		Occupation _____
Marital Status: Single Shared Living Married Divorced Widowed 2 nd Marriage Years Married _____		

Previous Counseling/Hospitalization? Yes No Approximate date(s) _____ Duration _____
Issues Addressed:

Current Household Members (Name, Age, Relationship):	
_____	_____
_____	_____
_____	_____
_____	_____

Family of Origin Composition:	
_____	_____
_____	_____
_____	_____
_____	_____

History of substance abuse in family of origin? (Please describe)

History of mental illness in family of origin? (Please describe)

History of physical/sexual abuse in family of origin? (Please describe)

For what concerns are you seeking counseling at this time?

How long has this been a concern for you?

Events or interactions that precipitated your concerns?

Please check those that apply:

Depressed mood

Panic attacks

High stress

Eating disturbance

Anger/temper

Social skills problems

Physical abuse

Gender issues

Relationship issues

Hallucinations

Alcohol/drug use

Low energy/fatigue

Low self-esteem

Sleep disturbance

Co-dependency

Phobia/fears

Sexual abuse

Sexual disturbance

Chronic pain

Aggressive behaviors

Obsessive/Compulsive issues

Avoidant behaviors

Suicidal thoughts

Other (please specify) _____

Present/past substance use (please specify substance(s)) _____

Current medical conditions _____

Current medications _____

Current sources of stress in your life:

What do you hope will be different as a result of counseling?