

**Bareiter Counseling Center
1116 Greenwood Cliff
Charlotte, NC 28204
704.334.0524**

General Information:

Name: _____ Today's Date: _____

Date of Birth: _____

Address: _____

City, state, zip code: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

May we leave voice- and/or e-mail messages at these locations? _____

Occupation: _____ Employer: _____

Referred by: _____ May we let them know you came? Yes ___ No ___

Marital Status:

Married ___ Living together ___ Single ___ Separated ___ Divorced ___ Widowed ___

Date married/moved in with current partner: _____ Name of partner: _____

Name, sex and age of household members: _____

Emergency Contact (Name, relationship, phone numbers): _____

Primary physician and phone number: _____

Current prescribed medication and dosage: _____

Have you had counseling before? _____ If yes, please list where, when and with whom:

What brings you into therapy at this time? _____

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Background Information:

List any past or present medical issues: _____

List any physical or emotional developmental issues: _____

Note any significant events occurring at this time: _____

Have you had thoughts of harming yourself or anyone else? _____ If yes, please describe (how long ago; yourself or others; did you have a plan) _____

Do you have a religious faith? _____ If yes, please briefly describe your beliefs

Please complete the following:

Today I am: _____

What I wish I could change is: _____

If only: _____

My childhood: _____

My mother: _____

My father: _____

My time is: _____

What upsets me is: _____

In order to understand me: _____