

Bareiter

Counseling Center

Name: _____ Today's Date: _____ Male ___ Female ___
Date of Birth: _____ Age _____
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 ___
Family Information: Name of Spouse/Significant Other _____ Date Married _____
Marital Status: Married ___ Living together ___ Single ___ Separated ___ Divorced ___ Widowed ___
Names and ages of household members: _____

Emergency Contact (Name, relationship, phone numbers): _____
Physicians Name: _____
Current prescribed medication and dosage: _____
Have you had counseling before? ___ What was the main focus? _____

Description of Present Difficulties: Briefly describe the problem(s) that you want to talk about in counseling:

Background Information:

Note any significant medical history: _____

Have you ever been criticized for alcohol/drug use? _____ Have you ever felt guilty for alcohol/drug use? _____
Have you experienced any negative consequences from your alcohol/drug use? _____ If yes, please describe _____

Have you ever experienced abuse? Yes ___ No ___ Not Sure ___
Please indicate type abuse you experienced: Physical _____ Emotional _____ Verbal _____ Sexual _____

Please note any significant events occurring at this time or since which may relate to the development or continuation of your problems:

Have you had thoughts of harming yourself or anyone else? Yes ___ No ___ If yes, please describe (how long ago; yourself or others; did you have a plan) _____

Are there any specific aspects about your ethnic or religious identification, values, and /or experience that you feel would be helpful for me to know? _____

Is there any other information that would be helpful to address at this point? _____
