



**SARA COLLINS, M.A., LMFT**  
Licensed Marriage & Family Therapist

4505 Wasatch Blvd., Ste. 190  
Salt Lake City, UT 84124  
(801) 803-3427  
Collins.mft@gmail.com

## CLIENT HISTORY

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

May I leave messages on your voicemail? \_\_\_\_\_ Email is not confidential, may I email you? \_\_\_\_\_

Would you prefer to be contacted by phone, email, or text? \_\_\_\_\_

Referred by \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Relationship/Marital status \_\_\_\_\_ Educational level \_\_\_\_\_

Occupation \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Emergency contact (name, relationship, phone number) \_\_\_\_\_

### **Purpose of Seeking Counseling**

What causes you to seek counseling? Is there a particular event that led you to therapy? \_\_\_\_\_

Do you have any specific goals with regard to counseling? \_\_\_\_\_

Do you have any concerns/fears with regard to counseling? \_\_\_\_\_

What are the top two issues you hope we cover soon? \_\_\_\_\_

### **Psychological History**

Have you ever participated in counseling? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

Name of therapist(s) \_\_\_\_\_ Are you currently taking medications? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_

What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

**Medical History**

Have you ever been diagnosed with a serious illness? Please describe. \_\_\_\_\_

Please describe your overall health today. \_\_\_\_\_

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. \_\_\_\_\_

Have you ever been in a 12-step program? Please describe. \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ On average, how much alcohol do you consume per week? \_\_\_\_\_

Have you ever used drugs? Please describe. \_\_\_\_\_

**Other Information**

What do you find most fulfilling? When do you feel least fulfilled? \_\_\_\_\_

Please describe your spiritual identity/orientation. \_\_\_\_\_

Please describe your interests/hobbies. \_\_\_\_\_

Are you now or have you ever been involved in a lawsuit? \_\_\_\_\_

Describe your strengths and weaknesses. \_\_\_\_\_

Please feel free to include any other information you believe is relevant to your counseling.