



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

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 recent issue that led you to decide to come to therapy? _____

Do you have any specific goals with regard to counseling? _____

Do you have any particular concerns/fears with regard to counseling? _____

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. _____

Relationship Information

How long have you been in your current relationship? _____

What kind of relationship do you want to be in? _____

What are the top two issues you would like to address? _____

What do you find most fulfilling about your relationship? When do you feel least fulfilled? _____

Have your arguments ever become physical? _____

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.
