

OFFICE USE ONLY:

JENNY STEPP, M.A., L.C.P.C.
CONFIDENTIAL CLIENT INFORMATION
THIS SHEET MUST BE FILLED IN COMPLETELY – PLEASE PRINT CLEARLY

Date _____

Client's First Name _____ Last Name _____ MI _____

Parent/Guardian's Name (if client is a minor) _____ Guardian Phone _____

Birthdate ____ / ____ / ____ Age _____ Gender __F__M

Address _____

City _____ State _____ Zip _____

Client Telephone (Home) _____ (Cell) _____

Ok to leave voicemail? __Yes __No Ok to send text message appointment reminder? __Yes __No

Email _____ Ok to send email to this address? __Yes __No

Family Background

Marital Status __Single __Married __Divorced __Separated __Widowed __Living Together

Name of Spouse _____

Number of children and ages _____

Number of siblings and ages (for minor clients) _____

Emergency Information

In case of emergency, contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____

Employment & Education Information

Current Occupation _____

Employer _____

Highest Degree Completed _____

Current Grade & School (for minor clients) _____

Referral Source

How did you hear about me?

__LVCounselor.com website

__Psychology Today website

__Google search

__Referred by friend or family member

__Referred by physician (specify) _____

__Other (please specify) _____

Please describe what brings you into counseling today: _____

Previous Counseling & Treatment

Have you been in counseling before? Yes No

If yes, name of counselor _____

Reason _____

Approximate dates of treatment _____

Have you been diagnosed with a mental health condition in the past? Yes No

If yes, please list diagnosis _____

Approximate date of diagnosis _____

Have you been hospitalized before for mental health treatment? Yes No

If yes, location and date _____

Are you having thoughts about suicide? Yes No

Are you having thoughts about harming someone else? Yes No

Are you currently on medication? Yes No

If yes, name of medication _____

Reason _____

Previous medications _____