

Are you presently seeing another counselor? No Yes, name: _____

Have you had previous counseling or psychotherapy? No Yes, name: _____

Do you have any history of inpatient psychiatric treatment? No Yes, please explain: _____

Do you have a history of outpatient psychiatric treatment? No Yes, please explain: _____

Have you ever made a suicide attempt? No Yes, please explain: _____

Do you have any suicidal or homicidal thoughts at the present time? No Yes

If yes, do you have any suicidal or homicidal plans? _____

If yes, do you intend to carryout your plans? _____

Currently, is somebody harming you physically, emotionally, sexually, or otherwise? No Yes, please explain: _____

Do you currently fear that somebody will harm you in these ways? No Yes, please explain: _____

Have you been harmed in these ways in the past? No Yes, please explain: _____

Currently, do you engage in any self-harming/self-injuring behaviors? No Yes, please explain: _____

Have you engaged in self-harming/self-injuring behaviors in the past? No Yes, please explain: _____

Reasons for seeking counseling now: _____

Are there any health conditions your counselor should be aware of? No Yes, please describe: _____

Please indicate your alcohol use on average: Amount _____ Frequency _____

Do you have a history of any recreational drug use? No Yes, please explain: _____

Are you currently taking any medications? No Yes, please list and give the reason: _____

Client's Primary and/or Prescribing Physician: _____

Address/City/Zip: _____ Phone: _____

How important to you are spiritual matters? Not Little Moderate Much

Do you consider yourself a religious/spiritual person? No Yes

Are you affiliated with a spiritual/religious community? No Yes

If yes, please describe: _____

Would you like your spiritual/religious beliefs incorporated in the counseling? No Yes

If yes, please explain: _____

EMERGENCY CONTACT

Please provide the name of someone that we could contact in case of a medical or psychiatric emergency.

Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

How did you learn of PPCC?

Church/Pastor____ Insurance Co.____ Friend____ Physician____ School____ Former Client____

Website____ Internet Search____ Other: _____

ACKNOWLEDGMENT OF REFERRAL

PPCC values acknowledging and thanking members of the community for their trust in referring you to us. Your signature below gives permission to send a letter of appreciation.

Name of Referring Individual: _____

Street Address: _____ City: _____ Zip: _____

Your Signature: _____