NANI WADDOUPS, LPC Date:

Mental Health Counseling

New Couples Counseling Client Information

NAMES: _____ DATE OF BIRTH:_____

EMAIL: _____ PHONE: _____

OK TO RECEIVE EMAIL? ❍ YES ❍ NO

OK TO LEAVE A VOICE MAIL MESSAGE? ❍ YES ❍ NO

_____ DATE OF BIRTH:_____

EMAIL: _____ PHONE: _____

OK TO RECEIVE EMAIL? ❍ YES ❍ NO

OK TO LEAVE A VOICE MAIL MESSAGE? ❍ YES ❍ NO

ADDRESS(ES): _____

_____

_____

OK TO RECEIVE MAIL? ❍ YES ❍ NO

MARITAL/RELATIONSHIP STATUS:

❍ DATING ❍ LIVING TOGETHER ❍ SEPARATED

❍ MARRIED ❍ DOMESTIC PARTNERSHIP ❍ OTHER: _____

PLEASE DESCRIBE **WHAT BRINGS YOU TO COUNSELING NOW:**

DESCRIBE ANY OTHER **RELATIONSHIP ISSUES** YOU MAY WISH TO EXPLORE IN COUNSELING:

DESCRIBE ANY **PARENTING ISSUES** YOU MAY WISH TO EXPLORE IN COUNSELING:

CHILDREN:

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

WORK/EMPLOYMENT: PLEASE DESCRIBE YOUR WORK/PARENTING/LIVELIHOODS:

DESCRIBE **ANY MEDICAL CONDITIONS** THAT IMPACT YOUR DAILY LIFE:

ARE YOU CURRENTLY TAKING ANY **MEDICATIONS FOR MENTAL HEALTH TREATMENT?**
○ YES ○ NO IF YES, PLEASE LIST YOUR CURRENT MEDICATIONS:

ARE YOUR CURRENTLY RECEIVING OTHER COUNSELING SERVICES?
○ YES ○ NO
IF YES, PLEASE DESCRIBE:

PLEASE DESCRIBE ANY SUBSTANCE USE ISSUES IMPACTING YOUR RELATIONSHIP:

CIGARETTES ○ YES ○ SOMETIMES ○ NO _____
ALCOHOL ○ YES ○ SOMETIMES ○ NO _____
MARIJUANA ○ YES ○ SOMETIMES ○ NO _____
METH ○ YES ○ SOMETIMES ○ NO _____
COCAINE ○ YES ○ SOMETIMES ○ NO _____
OPIATES ○ YES ○ SOMETIMES ○ NO _____
OVER-EATING ○ YES ○ SOMETIMES ○ NO _____
UNDER-EATING ○ YES ○ SOMETIMES ○ NO _____
GAMBLING ○ YES ○ SOMETIMES ○ NO _____
CUTTING/SELF-INJURY ○ YES ○ SOMETIMES ○ NO _____

HAVE EITHER OF YOU EVER RECEIVED TREATMENT FOR ADDICTIONS? ○ YES ○ NO
IF YES, PLEASE DESCRIBE:

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE ME TO KNOW ABOUT YOU?

I WRITE AN ALMOST-MONTLY NEWSLETTER. WOULD YOU LIKE TO BE ON MY MAILING LIST?
○ YES ○ NO

_____ _____
Signature Date

_____ _____
Signature Date