What is your reason for seeking a therapist at this time?

Have you seen a therapist or counselor in the past?
If so, when? How long? For what reason? Was it helpful? Why or Why not?

Are you in family/couples therapy at this time?
Have you ever been a patient in a mental health, substance abuse or other treatment facility?
If so, when? In-patient or day treatment? How long? Please explain:
Do you have a history of depression? Are you feeling depressed now?

Do you have a history of anxiety? Are you feeling anxious/ having panic episodes currently?

Do you have any health problems or illnesses? If so, please explain:

Are you currently taking any medication? If so, what and how much?

Are you working with another healthcare provider at this time? Please explain:

How do you envision therapy at this time?
What are your hopes/ needs/ expectations/ concerns/ fears about being in therapy?

By signing below, you acknowledge that you have received a copy of the client disclosure form:

Signature___________________________________________ Date____________________________

By signing below, you acknowledge that you have received a copy of the HIPAA information regarding privacy practices:

Signature___________________________________________ Date____________________________