New Client Form

Name:

What are your pronouns?

What is your gender identity?

What is your sexual orientation?

What is your race & ethnicity?

What is your preferred method of communication?

Do you want to receive our newsletter 2-3 times a year? It would be delivered via email.

Yes No

What brings you to counseling at this time?

When did you first start to notice these issues coming up?

What do you hope to get out of therapy / What are your goals for treatment?

Any current or past physical health (medical) issues?

Have you previously received therapeutic services before, and if so, when and why?

If you have received therapy in the past, what did you find helpful and unhelpful?

Please check any of the following you have experienced in the past three months

- ☐ Depressed Mood
- ☐ Racing Thoughts
- ☐ Unable to enjoy activities
- ☐ Impulsivity
- ☐ Difficulty falling asleep
- ☐ Hallucinations
- ☐ Issues with concentration
- ☐ Decreased need for sleep
- ☐ Suspiciousness
- ☐ Overeating
- ☐ Under eating
- ☐ Excessive energy
- ☐ Chronic fatigue
- ☐ Self-harm behaviors
- ☐ Decreased libido
- ☐ Excessive guilt
- ☐ Increased irritability
- ☐ Crying spells
- ☐ Constant fear of abandonment
- ☐ Aggressive physical behavior
- ☐ Aggressive verbal behavior
- ☐ Hopelessness
- ☐ Worthlessness
- ☐ Flashbacks
- ☐ Nightmares
- ☐ Feeling numb
- ☐ Panic attacks
- ☐ Health issues/past surgeries
- ☐ Isolation from others
- ☐ Thoughts of hurting others
- ☐ Difficulty staying asleep
- ☐ Repetitive behavior/compulsions
- ☐ Overspending

Please note any family members that have struggled with mental health and/or addiction issues.

Please select the following statements that often feel true for you:

- ☐ I'm not good enough.
- ☐ I don't deserve love.
- ☐ I am a failure.
- ☐ I have to be in control.
- ☐ I have to be perfect.
- ☐ I can't handle it.
- ☐ I am powerless/helpless/trapped.
- ☐ I am responsible.
- ☐ I should have done something.
- ☐ I cannot trust anyone.
- ☐ I cannot protect myself.
- ☐ It's not safe/ok to show/feel emotions.

Any thoughts of hurting yourself (past or present)?

What do you do for self-care/fun?

What is your level of education? Highest grade/degree and type of degree.

What do you consider to be your personal strengths?

How do you learn best?

- ☐ Visual
- ☐ Auditory
- ☐ Experiential
- ☐ Other:

Do you consider yourself religious or spiritual? If so please describe.

What is your current occupation / how do you spend your time?

Describe your current living situation. Do you live alone, with others. With family, etc…

Who are important people in your life? People that you can just be yourself around. Please feel free to include animals as well.

If you are in a relationship, please describe the nature of the relationship and months or years together. It may also be helpful to know if you are monogamous or polyamorous and your sexual orientation.

Please note any current or past substance use, including how often you use or used that substance. Include substances such as caffeine, nicotine, alcohol, opiates, hallucinogens, etc.

Please note any psychiatric medication that you are currently taking along with the dosage and name of your prescriber.

Do you have any allergies? If so, what are your allergies?

How do you feel about the idea of having "homework" to complete outside of weekly therapy?

Any issues you have around sleep?

What time do you generally go to sleep?

What time do you generally wake up?

How long (in minutes) does it generally take you to fall asleep at night?

How many hours of actual sleep would you say you get each night (rather than the amount of time you spend in bed)?

How often do you exercise, and if you do, what do you do to stay active?

I cannot go through the day without worrying about what I will or will not eat.

- ☐ almost always
- ☐ sometimes
- ☐ rarely never

Please select any of the following that you might be interested in:

- ☐ EMDR
- ☐ CBT
- ☐ DBT
- ☐ Art Therapy
- ☐ Animal-assisted Therapy
- ☐ Group Therapy
- ☐ Rapport building activities (Jenga, connect four, etc.)

How long do you anticipate being in therapy for?

Are you okay with Sid (a therapy dog) joining us in session?

Are you okay with scents/aromatherapy in the office?

How did you hear about Head & Heart Therapy (please be as specific as possible)?

Anything else that you would like me to know about you?