



Suzanne Holmes Ed.D.

Licensed Professional Counselor #1315
3035 47th Street, Suite C1
Boulder, Colorado 80301
(303) 245-8575

GENERAL INFORMATION

Date _____

NAME _____

ADDRESS _____

HOME PHONE _____

MOBILE PHONE _____

WORK PHONE _____

Should I need to reach you, where would you prefer to be contacted?

OCCUPATION _____

If employed, name of EMPLOYER _____

SOCIAL SECURITY NUMBER _____

PRIMARY INSURANCE _____

Name of Policyholder _____

Policyholder's Social Security Number _____

Policy Number _____

Telephone Number of Insurance Company _____

Do you plan to seek reimbursement from your insurance company? _____

By whom were you referred, or how did you learn about this service? _____

PERSONAL HISTORY

Date of Birth _____

Where did you live as a child? _____

Current Marital Status _____

If you have been married previously, please indicate when and for what duration of time?

If not married, do you have a significant other? _____ How long have you been in this relationship? _____

How would you describe the state of your marriage/significant relationship?

Please provide names and ages of parent(s) and/or stepparent(s) and indicate their occupations. If they are deceased, please indicate year of death and age at death.

<u>Name</u>	<u>Age</u>	<u>Occupation</u>
-------------	------------	-------------------

Please provide names and ages of sibling(s) and/or stepsibling(s). If they are deceased, please indicate year of death and age at death.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
-------------	------------	-------------	------------

(please use reverse for additional information)

Do you have children? _____

If so, please provide name, birthdate and gender of each child.

<u>Name</u>	<u>Birthdate</u>	<u>Gender</u>
-------------	------------------	---------------

Are there other individuals who have great importance in your life? Please name them and indicate your relationship with them.

Please describe, briefly, the circumstances surrounding the deaths of significant people in your life.

Please list the educational institutions you have attended and years of attendance:

Please list any previous psychotherapy experiences including approximate dates, length of treatment, names of therapists, and city/state in which you received treatment:

How would you describe your previous therapeutic experience(s)?

Please identify medications that you have used, or are currently taking, for psychological purposes (e.g., for depression, anxiety, etc.):

What other medications are you taking and for what conditions?

How frequently do you use alcohol or recreational drugs? (please be specific about types of drugs and alcohol)

Does your use of substances worry either you or others close to you? _____

What concerns or problems led you to seek counseling at this time?

What are your goals for counseling?

What else would you like me to know about you?

Thank you for taking the time to complete this form. It will be very helpful as we begin our work together.