Chartreuse Center

CLIENT AND HISTORY INFORMATION

COUNSELING CLIENT INFORMATION			
Last Name	First Name		Middle Initial
Birth Date	Age	SS# __ __ __ - __ __ - __ __ __ __	
Street Address			
City	State		Zip Code
Home Phone	Cell Phone	Work Phone	
Check the preferred method of contact ☐ Home ☐ Work ☐ Cell ☐ Text		Whom may we leave a message	
Emergency Contact		Relationship	
Emergency Cell Phone	Emergency Second Phone		
Days Available for Sessions	Time of Day Available for Sessions		

INSURANCE INFORMATION		
Insurance Company		Primary Insured & DOB
ID #	Policy #	Group #
Employer & Address		

CURRENT PHYSICIANS AND COUNSELING SUPPORT (Include name, practice name, city and phone number)	
Primary Care Physician ☐ Release of Information signed on _____	
Medical Specialist ☐ Release of Information signed on _____	
Psychiatrist ☐ Release of Information signed on _____	
Counselor/ Social Worker ☐ Release of Information signed on _____	
Group Support	

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MEDICATION LIST	PURPOSE OF MEDICATION	PRESCRIBING PHYSICIAN

INDIVIDUAL COPING
What prompted the call for counseling?
Any symptoms or behaviors of concern for you?
How long have you noticed these changes in you?
Is there anything that has been helpful for you?
Supportive People in Life
Interests

LOSS HISTORY	DATE OF LOSS (Mo./Yr.)	HOW DID YOU RESPOND?

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HISTORY			
☐ Anger	☐ Bi-Polar Disorder	☐ Eating Disorder/Issues	☐ Sleep Issues
☐ Anxiety	☐ Chronic Pain _____	☐ Learning Issues _____	☐ Schizophrenia
☐ Alcohol Use	☐ Cigarette Smoking	☐ Memory Issues	☐ Substance Use _____
☐ Attention-Deficit / Hyperactivity Disorder	☐ Depression	☐ Psychotic Episode	☐ Previous Self Harm
☐ Autism Spectrum Disorder	☐ Developmental Delay	☐ Illness in Remission _____	☐ Previous Trauma/Abuse
Describe Any Family and/or Work Issues			
Family Member(s) Substance Use/Abuse			

REFERRAL SOURCE How did you find us? We'd like to say 'Thank you!'
Referral Source ☐ Psychology Today ☐ Resolve ☐ Doctor ☐ Therapist ☐ Friend ☐ Other _____
Name & Address of Referral Source

_____

Print Name

_____ ____/_____/_____

Signature Date

_____ ____/_____/_____

Julie S. Blackburn, LCPC, NCC, ATR Date