

# HOLLY LEA JOHNSON MA, LMFT

---



Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Text Y N \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Insurance information \_\_\_\_\_ Member ID # \_\_\_\_\_

Group # \_\_\_\_\_ Authorization # \_\_\_\_\_

## CURRENT ISSUE

What brings you to counseling at this time, please be as specific as possible

---

---

---

---

---

---

## IF CLIENT IS A MINOR

If Client is a Minor, Parents Names and contact information

\_\_\_\_\_

If Parents are divorced what are the custody agreements/ court orders

\_\_\_\_\_

\*If there is joint custody I will need a signed **Consent to Treat a Minor** signed from both parents, will you be able to provide me with this prior to treatment

Name of your child's school and current grade level

How is your child currently doing in school with their grades?

# HOLLY LEA JOHNSON MA, LMFT

---

How is your child doing socially/Friendships?

---

---

Names and ages of siblings

---

Does your child have and IEP/diagnosed learning disabilities

---

If yes, what is the diagnosis?

---

## ADULT/COUPLES

Relationship Status

---

If Married/Partnered; Name of Significant Other

---

Family Composition

---

---

---

Relevant family and childhood history

---

---

---

---

---

---

## EDUCATION/EMPLOYMENT INFO

Last Grade Completed

---

Occupation

How Long

---

Employer

How Long

---

Have you been unable to work, if so when and how long

---

Do you frequently miss work?

---

Did you serve in the military?

---

# HOLLY LEA JOHNSON MA, LMFT

---

What is your cultural, ethnic background

---

Spiritual Beliefs

---

List your siblings from oldest to youngest and their current ages

---

---

Did your parents live together through your childhood, if not what happened and how old were you

---

---

---

Where did you grow up?

---

Any special problems in your family

---

Hospitalizations

---

Disabled child

---

Serious medical illness

---

Death in the family

---

Alcohol/drugs

---

Domestic violence/parents fought

---

Parents unemployed

---

Legal problems

---

What were you like as a child?

---

Had problems learning

---

Got into trouble in school

---

Had problems with the law

---

Felt like you didn't belong

---

Fought with your parents

---

Isolated yourself from the family

---

Physically abused

---

HOLLY LEA JOHNSON MA, LMFT

---

Emotionally abused \_\_\_\_\_

Sexually abused \_\_\_\_\_

Had too much responsibility \_\_\_\_\_

Please add anything else about your childhood, what is your current relationships with your family members

---

---

---

---

---

---

---

---

Have you seen a therapist before \_\_\_\_\_ Name of Therapist \_\_\_\_\_

\_\_\_\_\_

Why did you discontinue therapy with prior therapist? \_\_\_\_\_

Have you ever been hospitalized 51/50'd \_\_\_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_ how long \_\_\_\_\_

Any current medical problems \_\_\_\_\_

---

---

Please list current medications \_\_\_\_\_

---

---

---

Non-prescription substances you use (d) including alcohol, tobacco, amphetamines, cocaine, marijuana, heroin or others

---

---

---

Does anyone living with you use any of these substances? \_\_\_\_\_

HOLLY LEA JOHNSON MA, LMFT

---

What do you hope to gain for yourself during our time together, what goals/dreams do you have

---

---

---

---

---

What brings you happiness and joy?

---

---

---

---

What are you grateful for in your life?

---

---

---

---

Any recent significant life events, not listed anywhere above

---

---

---

---

Are you currently having any suicidal/homicidal thoughts/plans?

---

Are you currently experiencing any domestic violence?

---