



Problematic Alcohol Use YES NO If yes, please list amount and frequency:

Do you have any legal concerns? YES NO if yes, please describe:

**PAST/CURRENT MENTAL/EMOTIONAL HEALTH HISTORY**

Have you ever been diagnosed by your primary care doctor or a mental health professional? YES NO If yes, please indicate diagnosis and approximate date

Have you had previous experience with therapy, counseling or psychiatric hospitalization? (Please circle all that apply) If circled, please indicate approximate dates:

Is there a history of mental illness in your family? YES NO UNCERTAIN If yes, please describe:

Have you experienced any of the following? (Please circle all that apply and briefly describe if able, include approximate date or age at which occurred)

Physical Abuse                      Sexual Abuse                      Emotional Abuse/Neglect

Was this reported? YES NO To Whom:

Have you ever...(If Yes, please briefly describe)

Had any thoughts about hurting yourself or someone else? YES NO

Have you ever thoughts about suicide? YES NO

Have you ever attempted suicide? YES NO

Are you currently thinking about suicide YES NO If yes, do you have a plan? YES NO

Have you ever engaged in self-harm behaviors? YES NO

Are you currently engaging in any self-harming behaviors YES NO

Have you engaged in violent behavior towards others? YES NO  
What is the quality of your sleep? (Circle all that apply)

I sleep well and wake up rested. I have trouble falling asleep I have trouble staying asleep. I experience nightmares. I have strange or bizarre dreams. I don't really remember my dreams. I don't sleep enough. I sleep too much.

In the past month, more often than not, experienced any of the following (check all that apply)

angry  anxious  abandoned  depressed  distracted  distant  
 fairly positive about life  fearful  grief  guilty  helpless  hostile  
 hyperactive  have disturbing/unwelcome thoughts  impulsive  irritated  
 lack of creativity  lack of energy  lonely  loved  nervous  numb  
 out-of-control  out-of-it  panicked  paranoid  reflective  
 respected  restless  sad  self-critical  stuck  
 tense  troubled  vigilant  vulnerable  worthless

**Is there anything else you would like me to know about you and/or why you are entering counseling at this time?**

#### **SLIDING SCALE CONSIDERATIONS**

**Sliding Scale is a range of fees I accept from my clients due to financial need and are not planning to be reimbursed by their insurance company (Though that does not disqualify you from sliding scale fees) If you feel that you can not reasonably afford the standard weekly fee, please fill out the following. The figures below are based upon the current availabilities on the sliding scale as of 7/25/16. Please refer to the Sliding Scale Policy or contact me for more information. Standard Session Fee is \$95.00 per session.**

I have a financial need for reduced session fee

I think that I would be able to reasonably afford (check one please)

\$75-\$90 per session  \$55-\$70 per session  
 \$40.00-50.00 per session (weekly sessions only)

