

Erik Bohlin, M.A, LMHC New Hope Counseling Service

Information Sheet

To help me serve you better, your cooperation in completing this questionnaire will be helpful in giving the best counseling possible. It will also save cost and time in the long run. If you are a couple please each fill out the form for each of you. Fill out only what you feel comfortable to share. Please print before exiting as your PDF will not save the data.

Full Name: _____ Date of Birth : _____

Mailing Address: _____
Street Address

_____ City State Zip Code Email Address

Telephone(s): _____
home work cell

Check box if you if you do not wish us to contact you by mail or phone

Age _____ Marital Status: _____ Education: _____

Occupation: _____ Student? _____

Place of employment: _____ Years Employed: _____

Person who does not live with you to contact in emergency:

_____ Name Phone Relationship

How were you referred us? _____

Briefly describe your reason for seeking help:

MEDICAL INFORMATION

When were you last examined by a Physician? _____

Name of Primary Care Physician: _____

Physician's Address: _____ Phone _____

List any major health problems for which you currently receive treatment:

List any medication you are now taking:

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Others (vitamins, supplements)

Have you ever received psychiatric or counseling before? Yes No

If you have, please explain what you worked on and results:

PROBLEM LIST

Please check any of the following that apply to you:

Nervousness	Depression	Guilt	Shame	Meaninglessness
Crying Spells	Shyness	Sexual Problems	Fears	Separation
Divorce	Suicidal Thoughts	Drug Use	Alcohol Use	Finances
Anger	Self-Control	Friends	Sleep	Anxiety
Unhappiness	Stress	Work Problems	Panic Attacks	
Headaches	Tiredness	Low Energy	Memory	Lack of Ambition
Loneliness	Insomnia	Indecision	School Problems	My Thoughts
Inferiority	Concentration	Temper	Career Choices	Thyroid Disease
Health Problems	Children	Nightmares	Marriage	Grief
Stomach Trouble	Weight Gain/Loss	Parenting	Appetite	
Spiritual Issues	Legal Matters	Overwhelming Debt	Control Issues	

Please add any additional information which you feel may be useful to your therapist:

YOUR FAMILY MEMBERS

Include all persons who live in your home including your spouse and your children, and/or anyone living with you for whom you assume personal or family responsibility and any children no longer living in your home.

Spouse's Name _____ Age _____

Length of Engagement _____ Length of Marriage _____

Separated? Divorced? Deceased?

Spouse's Name _____ Age _____

Length of Engagement _____ Length of Marriage _____

Separated? Divorced? Deceased?

Children:

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

_____	_____	_____	_____
Name	Date of Birth	School Attending	Grade Level

Parents, brothers, sisters, step-parents:

_____	_____	_____	_____
Name	Relationship to Client	Age	Type of Employment

_____	_____	_____	_____
Name	Relationship to Client	Age	Type of Employment

_____	_____	_____	_____
Name	Relationship to Client	Age	Type of Employment

_____ Name	_____ Relationship to Client	_____ Age	_____ Type of Employment
_____ Name	_____ Relationship to Client	_____ Age	_____ Type of Employment
_____ Name	_____ Relationship to Client	_____ Age	_____ Type of Employment

Spiritual History

1. No church affiliation
2. Church affiliation: _____
3. If so, what is the name of the congregation you belong to?

4. How involved are you in your congregation?

Attendance: Regularly Sometimes Never

5. Have you had recent changes in your spiritual life? If so, please explain

Thank you for taking the time to provide us with this information. This really saves us time and cost to gather all this information in session. Print this form out and bring it with you to your appointment.

Erik Bohlin, M.A.