Kathy Higgins

KATHY HIGGINS LPC LLC

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CONFIDENTIAL CLIENT INFORMATION

Name:_____DOB:_____Age:_____

Address:_____

_____

Phone Home:_____Work:_____Cell:_____

Please circle phone number(s) where messages can be left.

E-mail:_____ Okay to send general emails? YES NO

Type of Counseling: Individual:_____ Couple:_____ Family:_____ Other:_____

Relationship Status:

_____Single_____Married_____Divorced_____Separated_____Widowed_____Partnered

Name of Spouse/Partner_____Phone_____

Does he/she know you are seeking counseling? YES NO

In Case of Emergency, contact_____

Address_____Phone_____

Spiritual Path_____Level of Involvement? High Med Low

Is this an important part of your life?_____Why/why not?_____

Physical History(please be accurate, medical records may need to be disclosed at some point)

General Health_____
Are you under a doctor's care?_____ If yes, name of doctor_____

Reason for doctor's care_____

Are you taking any medication?_____If yes, what kind?_____

Reason for medication_____Last medical examination_____

Have you ever been hospitalized for a physical illness?____Describe_____

_____

Have you ever been hospitalized for a mental illness?_____Describe_____

_____

Any recent major illnesses or surgeries?_____

Any recurrent or chronic conditions or injuries?_____

Any Previous Therapy/Counseling?_____If yes, describe, when, where, how long, what

for_____

Work History Occupation_____How long?_____

If presently unemployed, describe the situation_____

Hobbies/Sports_____

Family Information

Place of Birth_____Ethnicity_____Race_____

Parents: Father:_____Where residing_____Relationship_____

Mother_____Where residing_____Relationship_____

Do you have Children? YES NO

#1 M F Age_____ #2 M F Age_____ #3 M F Age_____#4 M F Age_____#5 M F Age____

Do you have Siblings YES NO Circle your place in the family.

#1 M F Age_____ #2 M F Age_____ #3 M F Age_____#4 M F Age_____#5 M F Age____

Family Alcoholism or Domestic Violence_____

Sexual Addictions or Abuse?_____

Parents divorced?_____If yes, what year_____Your age at the time_____

Step-parents?_____Describe relationship with them_____

_____

Emotional Status

Are you currently experiencing strong emotions?____If yes, describe_____

_____

Have you experienced what you would consider to be trauma?_____Please describe_____

_____

Present Situation

Please state why you decided to come for counseling now_____

_____

How long has this been a problem for you_____

_____

Please state what you would like to work on in therapy_____

_____

Personal Agreements

I understand that I may be asked to do certain "homework exercises" such as reading, exercising, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty, and willingness to do the things I need to do to move forward even if it is painful and/or difficult.

I have read the preceding information and understand my rights as a client. I consent to treatment with this therapist.

_____ _____

Client Signature Date

_____ _____

Printed Name Date

_____ _____

Witness, Parent or Client Signature (if appropriate) Date

_____ _____

Kathleen Higgins dba Kathy Higgins LPC LLC Date