



Empower Counseling Services, LLC

Date: _____

Catherine W. Harman, MS, LPC/S

Personal Information

Full Legal Name of Client: _____

Age: _____ DOB: _____ Marital Status _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email _____

Is it ok to contact you and leave messages at the numbers and email above? _____

Employer & position: _____

Who referred you for counseling? _____

Emergency Contact Person: _____

Emergency Contact Phone #: _____

Doctor & Medicine

Family Physician Name _____

Physician Phone and Group Name: _____

Psychiatrist Name (if app): _____

Psychiatrist Phone and Group Name: _____

List all medicines you are currently taking:

_____	_____
_____	_____
_____	_____

Mental Health History:

Previous counseling?: Yes No

Name of Therapist: _____

Approximate dates of treatment: _____

Hospitalizations?: Yes No

Date(s): _____ Hospital(s): _____

Circumstances: _____

Additional Information:

Do you currently use any of the following substances:

Alcohol Yes No If yes, how much? _____

Cigarettes Yes No If yes, how much? _____

Other chemical substances (marijuana, cocaine, etc) Yes No

If yes, how much? _____

Caffeine: Yes No If yes, how much? _____

How much sleep do you routinely get each night? _____

Do you have any sexual concerns? Yes No

If yes, please describe: _____

Religion/Spirituality:

Do you have a religious affiliation? Yes No

If yes, please describe: _____

How important is a spiritual perspective to you in doing therapy?

Insurance Information:

Insurance Co: _____ Insured's DOB: _____

Insured's name: _____

Insured's social security #: _____

A copy of your insurance card will be required on the date of your initial assessment.

If Patient is a Minor:

Mother's name: _____

Mother's phone #: _____

Father's name: _____

Father's phone #: _____

By my signature below I grant permission for my minor child to be seen in therapy by
Catherine W. Harman, MS, LPC/S

Signature

Date

Briefly described your main concerns and what you hope to gain from counseling:

