



## De Sellers, LPC

901 East 12<sup>th</sup> Street

Austin, TX 78702

ofc 512.499.8994

fax 512.322.9908

### CLIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

May we mail to you at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Please check those numbers we can use to make reminders.

Do you wish reminders for your appointments? Yes \_\_\_ No \_\_\_ Calls or Texts?

Email \_\_\_\_\_

May we email you at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

Who referred you? \_\_\_\_\_

Marital status (circle one): single married divorced widowed live-in partner other

Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Briefly describe the concerns or problems that bring you here:

When did these first occur? \_\_\_\_\_

### EDUCATIONAL AND OCCUPATIONAL HISTORY

Highest level of education? \_\_\_\_\_

Professional training? \_\_\_\_\_

Primary occupation? \_\_\_\_\_

## **MEDICAL HISTORY**

If you are currently under medical care, what is your physician's name:

If you are currently taking any medications, please list all of them (including non-prescription drugs & supplements):

Other significant medical history:

If you have ever participated in counseling/therapy before, what was the experience like?

## **SOCIAL HISTORY**

Mother	Living?	Father	Living?
Stepmother	Living?	Stepfather	Living?

Spouse/partner's name: \_\_\_\_\_ Length of relationship: \_\_\_\_\_  
How would you describe your current significant relationships?

How would you describe your social life?

Previous marriages/relationships, if any: Yours \_\_\_\_\_ Partner's \_\_\_\_\_  
Names/ages of children (include step-children):

Is there anything else you would like me to know about you?