Empower Counseling Center, PLLC

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Licensed Psychologist – TX 37709

Client Information

Client's Last Name: | First Name: | Relationship Status

Is this your legal name: ☐Yes ☐No | If no, what is your legal name: | Date of Birth | Gender

Sexual Identity | Age | Racial/Ethnic Identity | Social Security Number

Home Phone: | **Ok to Contact \| Message Ok?** ☐Yes ☐No \| ☐Yes ☐No

Cell Phone: ☐Yes ☐No \| ☐Yes ☐No

E-mail: ☐Yes ☐No \| ☐Yes ☐No

Street Address: | City, State ZIP

Occupation: | Employer:

Who Referred You/Referral Source?

Insurance Information

Person Responsible for Bill: | Date of Birth | Address (if different):

Occupation (if different): | Employer (if different):

Primary Insurance Co:

Policy #: | Group #:

Subscriber's Name: | Subscribers Birth Date | Subscriber's SSN

History and Presenting Issues

Have you seen a psychologist or mental health professional in the past? ☐Yes ☐No
If so, when, and for what general reasons?:

Have you ever been prescribed psychiatric medications? ☐Yes ☐No
If yes, please list what and when:

Please list all current medications and supplements (include doses):

Please provide the name and number of your prescribing doctor if you are currently on medications:

Do you have any major medical problems (current or past)? ☐Yes ☐No
If yes, please describe:

When was your last physical exam?:

Please check all of the concerns below that apply to you:

❑ Abuse (physical, sexual, emotional, neglect) of children or elderly persons ❑ Academic problems ❑ Alcohol use ❑ Anger, irritability ❑ Anxiety, nervousness ❑ Attention, concentration ❑ Body image &/or weight ❑ Career concerns, goals, and choices ❑ Childhood issues (your own) ❑ Custody of children ❑ Decision making, indecisiveness ❑ Depression, low mood, sadness, ❑ Divorce, separation ❑ Drug use (illegal or prescribed) ❑ Eating problems (over-eating, under-eating, vomiting, laxative use) ❑ Family concerns ❑ Fatigue, tiredness, low energy ❑ Fears, phobias ❑ Financial problems	❑ Gambling ❑ Grief, loss ❑ Guilt ❑ Impulsive behavior, risk-taking ❑ Legal problems ❑ Loneliness ❑ Medical problems ❑ Memory problems ❑ Mood swings ❑ Motivation ❑ Obsessions, compulsions (thoughts or actions that repeat themselves) ❑ Panic attacks ❑ Parenting ❑ Perfectionism ❑ Procrastination ❑ Racial, ethnic, or cultural issues ❑ Relationship problems or conflicts (*circle*: family members, partner, friends, co-workers)	❑ Self-esteem ❑ Self-injury (cutting, burning) ❑ Sexual orientation ❑ Sexuality (desire, performance) ❑ Shyness ❑ Sleep problems ❑ Social withdrawal, isolation ❑ Spiritual or religious issues ❑ Stress, tension ❑ Suspiciousness, distrust ❑ Suicidal thoughts ❑ Violence/aggression (*circle;* of others toward you, of you toward others) ❑ Work problems (unemployment, job dissatisfaction) ❑ Other concerns or issues: _____ _____

Have you been having any suicidal thoughts recently? ❑No ❑Yes If Yes, how often? _____	***Do you currently feel in danger of seriously hurting or killing yourself?*** ❑No ❑Yes
Have you ever had suicidal thoughts in the past? ❑No ❑Yes	***Have you ever seriously considered committing suicide****?* ❑No ❑ Yes
Have you ever made a suicide attempt? ❑No ❑Yes If yes, how long ago? _____	***Have you ever injured yourself purposely without suicidal intent? (i.e., cutting, burning, hitting)*** ❑No ❑Yes
Have you ever seriously considered harming or killing another person? ❑No ❑Yes	***Have you ever intentionally physically harmed another person?*** ❑No ❑Yes
How often do you drink alcohol? ❑Never ❑Daily ❑ Weekly ❑ Monthly How many drinks each time? _____	***How often do you use recreational drugs?*** ❑Never ❑Daily ❑ Weekly ❑ Monthly Which drugs?: _____

Contact In Case of Emergency

Name of Local Friend or Relative:	Relationship:	Home/Cell Phone:	Work Phone:

All of the information contained on this form is confidential and requested in order to facilitate your mental health treatment. It will not be disclosed except upon your written permission or in accordance with legal requirements (i.e., child, elder, or adult dependent abuse, threats of harm to self or others).

Please sign and date below to indicate your understanding of the above:

Signature Printed Name Date