

Healing Grace Counseling Services

Robert C. Brown, LPC

Preliminary Questionnaire

Please provide the information requested in the spaces provided. This and all information relating to your association with Healing Grace Counseling Services is confidential and will not be shared without your signed consent.

Name: _____ Date: _____

Contact Phone Numbers

Home: () _____

Work: () _____

Cell: () _____

DOB: _____ Male Female Age: _____

Marital Status: Married Single Divorced Separated

Address: _____

E-Mail address: _____

Employment Information

Employer: _____

Work address: _____

Length of employment: _____ Position: _____

Relational Information

Name of Spouse: _____

Spouse's Occupation: _____

With whom do you reside? _____

Person(s) to notify in case of emergency: _____

Phone number: _____ Relationship: _____

Address: _____

Mental Health Information and History

Are you currently in counseling anywhere else? Yes No

Are you currently taking any psychiatric medications? Yes No

Names of Medications and Dosage: _____

Current problem(s) and what you feel caused them: _____

Current signs/symptoms (please check those which apply and add any others)

Depressed mood

Tension/Anxiety

Change in sleep pattern

Feelings of fear/phobia

Change in appetite

Anger/resentment

Decreased/increased energy

Obsessive thoughts

Decreased motivation

Compulsive behaviors

Decreased concentration

Low self-esteem

Feelings of hopelessness

Other

Suicidal thoughts

Other

Give a specific example of how your current concerns are impacting your daily life.

List names of current therapist and/or psychiatrist. _____

List names of previous therapists or psychiatrists. _____

List any current psychiatric conditions or diagnoses. _____

List any previous psychiatric conditions or diagnoses. _____

List any previous psychiatric medications that were not mentioned earlier.

Medical History

List previous and present medical problems and treatment. _____

List any physical limitations you have. _____

12. List your **goals** for counseling, in order of preference if possible. _____

Social History

List any significant events in your childhood, including dates.

Describe your father. Give name and age (if living).

Describe your mother. Give name and age (if living).

Name and gender of siblings and their birth order, including yourself.

Education: List names of high school, college and graduate school, along with dates attended and degrees received (if applicable).

Marital Information: List how many marriages you have had with year married and length of marriage. Include what type of stressors you have experienced in marriage.

Do you have any children? Yes No If yes, please list names, ages and gender.

Counselor's Legal Responsibility

Confidentiality and privileged communication remain rights of all people involved in counseling in the State of Virginia. However, some courts have held that if an individual intends to take harmful, dangerous or criminal action against another person or against themselves, it is the counselor's responsibility to warn the appropriate individuals of such intent. Additionally, any suspicion of child abuse or elder in any form **must by law** be reported to the proper authorities. Individuals warned may include one or more of the following:

- The person or family of the person who is likely to suffer the results of the harmful behavior
- The family of the person who intends to harm himself or someone else
- Associates or friends of those threatened or making threats
- Law enforcement officials

Before informing anyone who should be warned, the counselor will take all possible steps to first share that information with the client. Every effort will be made to resolve the issue with the client so as to prevent the need for this type of intervention.

I have read the above and understand the counselor's legal responsibility to make such decisions when necessary.

Client/Legal Guardian

Date

All fees are due at the time of the appointment. **Healing Grace Counseling Center has a 24 business hour cancellation policy. The full fee (not your insurance co-pay) is due for any missed appointment.**

Please sign below as an agreement that you have read and understood the above policy.

Client/Legal Guardian

Date