

Jillian Thomas Therapy, LLC
Individual, Family, and Group Therapy

Date: _____

Jillian Thomas, LPC, NCC

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: _____

Diagnosis: _____ Approximate dates of treatment: _____

Hospitalizations?: Yes No

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

Circumstances: _____

Have you ever attempted suicide? Yes No

Are you currently having any suicidal thoughts? Yes No

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 #: _____

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 **Jillian Thomas, LPC, NCC.**

Signature

Date

Briefly described why you have come and what you hope to gain from counseling:

