

Getting To Know You

Today's Date: _____/_____/_____
Month Day Year

Name: _____
First Middle Last

Date of Birth: _____/_____/_____
Month Day Year

Gender (circle): Male Female

Nickname: _____

Daytime Phone: (____)____-____ Evening Phone: (____)____-____

Cell Phone: (____)____-____

E-mail Address: _____

Best Way To Contact You: ___ Daytime Phone ___ Evening Phone
___ Cell Phone ___ E-mail

Address: _____
Street Number Street Name

Apartment/Suite/Unit Number

City State Zip Code

Emergency Contact: _____
First Middle Last

Relationship to Client

(____)____-____
Phone Number

Marital Status: Single Long-Term Relationship Married Separated
Divorced Widowed It's Complicated

Religion: _____

Employer: _____ Position: _____

Highest Level of Education: _____

Do you have any significant criminal history?

Jason Levin, LCSW (302) 464-0021 Jason@JasonLevinLCSW.com
Nobody said that it would be easy, but nobody said that you had to do it alone.

Getting To Know You

Hobbies/Talents:

What are your goals in life?

Medical History

Do you have a current or previous issue with:

Diabetes? Yes No
Hyper/Hypothyroidism? Yes No

Do you have any other current/previous medical conditions?

Condition	For How Long?	Treatment	Prognosis

Mental Health History:

Previous/Current Diagnosis:

Diagnosis/Condition	Date of Diagnosis	Diagnosing Professional

Previous/Current Medication:

Name	Dosage	Frequency	Start/End Dates of Medication

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Getting To Know You

Have you attempted to hurt yourself in the past?	Yes	No
Do you currently want to hurt yourself?	Yes	No
Do you have a history of thoughts of suicide?	Yes	No
Do you currently have thoughts of suicide?	Yes	No

Do you have any history of traumatic events in your life?

If any, what is your experience with therapy? What did you like? What did you not like? What did and did not work for you?

Is there anyone in your family with a mental health history?

Is there anyone in your family with a history of alcohol or substance abuse?

Have you ever had a difficulty with alcohol or substances?

Do you have any financial concerns?

As best as you can, tell me what you hope to gain from our work together:

Describe yourself in one word: _____

Is there anything else that you feel that I should know?
