

# Getting To Know You

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Religion: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Most Recent Grade Completed: \_\_\_\_\_

Any significant criminal history?  
\_\_\_\_\_

Hobbies/Talents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

What are your goals in life?

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## Medical History

Do you have:

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

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

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# Getting To Know You

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

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**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?**

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

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

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**Have you ever had a difficulty with alcohol or substances?**

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**Do you have any financial concerns?**

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

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**Describe yourself in one word:** \_\_\_\_\_

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

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