PERCEPTION
PERSPECTIVE
PROGRESSION

Julie Stark, LCSW
Psychotherapist

550 SE 6th Avenue Suite 200, Delray Beach, FL 33483
Tel: 561.264.5903
julie@jstarktherapy.com

J STARK THERAPY ◉ NEW CLIENT INFORMATION FORM:

Welcome, I am happy you are here. You have taken a big step.

Please take some time to fill this out. The more honest you are with me, the more I will be able to help you reach your goals.

Today's Date: _____

Full Name: _____

Date of Birth: _____

Home address: _____

What's the best way to reach you?

Phone: _____ Do you **prefer** ☐ **text or** ☐ **phone calls** for appointment scheduling?

May I leave a message at this number?

Email: _____ May I contact you via email?

EMERGENCY CONTACT INFO:

Name: _____ Relationship: _____

Cell Phone: _____

PERSONAL INFO:

Are you currently employed? _____

If yes, what do you do for work? _____

How do you identify by gender: (*female, male, gay, lesbian, trans, queer, unsure):* _____

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Partnered ☐ I'll explain

Feel free to explain in brief if your relationship/status is a current stressor that you would like to work on:

Do you have children? ☐ Yes ☐ No

If yes, please indicate gender(s) and age(s): _____

Do you consider yourself to be spiritual? Do you have a religious preference that governs you?

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health on a 1-10 scale (1 is poor, 10 is great) =
Please list any specific health problems you are currently experiencing:

Do you take any medication for *medical issues (non psych)*? □ No □ Yes
If yes, please indicate which medical condition and medication you take (dosage/amount):

How would you rate your current sleeping habits on a 1-10 scale (1 is poor, 10 is great) =
Please list any specific sleep problems you are experiencing, if any:

How is your appetite; do you experience any excessive thoughts/feelings regarding your eating patterns:
□ No □ Yes
If so, please explain the best you can:

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?
□ No □ Yes
If yes, previous therapist/practitioner (if you're comfortable):

Why did you terminate therapy with this clinician?

Are you currently taking <u>any *psychiatric prescription medication*</u>? □ No □ Yes
If yes, please list medication (dosage/amount, do the best you can)

Any psychiatric hospitalizations? □ No □ Yes
If yes, please provide name of hospital, reason for going and date/s of discharge:

Do you have any immediate family members who struggle with their mental health?
If yes, please provide their relationship to you and their diagnosis/struggle/s:

Do you have a history of or current substance 'over-use' (*either diagnosed or current internal struggle*)?
□ No □ Yes
If yes, please let me know (a) how long this has been going on for you (b) the substance(s).
The more honest you are, the more I can help you make desired changes.

Have you been charged with a DUI/DWI or any other drug-related issues in the last 5 years? □ No □ Yes

In <u>your</u> opinion, does your relationship to alcohol cause problems in your life?

Do you have a history of abuse or trauma (i.e., physical, emotional, mental or sexual): □ No □ Yes
If you want to explain here briefly, please do so. If not, please check yes and we can discuss further in session.

**Any current (last 6 months-1 yr) life transitions/issues that I should be aware of?

**What is your current DAILY level of social media and/or time spent on internet (Including but not limited to; Facebook, Instagram, Twitter etc and other forms of social media). Please *estimate the number of hours* you are "on line" daily (iphone, ipad, computer, laptop, tablet etc): Best guess is fine: _____

In **your** opinion, is your usage of social media impacting any of your relationships? (has a loved one ever told you you're on too much?)

*****How can I help you? What are your reasons for seeking counseling at this time?

*****Do you have specific goals for counseling (things you would like to accomplish or see change as a result of counseling):