

Sandi Wilcox
Licensed Professional Counselor
(512) 842-9085

Date _____

Questionnaire

To help me with our first session, please fill out the following information as completely as possible.
PLEASE PRINT:

Name _____

Address _____

Street

City

State

Zip

Email: _____

Date of Birth _____ Place of Birth _____ Age _____

Phone (H) _____ (W) _____ (C) _____

Emergency contact _____ Phone _____

If Minor, name of parent or guardian: _____

Employment

Employer _____

Address _____

Work Duties _____

Marital Status _____ Number of years _____

If married or live in, give name of person _____

Their place of employment _____

Children

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Medical

Family Physician Name _____ Phone _____

Address _____

May I consult with your doctor? ___yes ___no

Are you taking any prescription drugs at this time? ___yes ___no

If yes, please list with dosage:

For what purpose? _____ For how long? _____

Has the medication helped? _____

The following questions are designed to help me understand your background. Please complete them as they apply to you.

Family

Parents' Names (Father) _____ Age _____

(Mother) _____ Age _____

Marital status _____

Brothers/Sisters:	Name	Age	Marital Status	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Unusual growing up circumstances _____

Have any family members had counseling before? yes no

If so, for what? _____

History of drug/alcohol abuse? If yes, please describe. yes no

Self _____

Father _____

Mother _____

Other _____

History of abuse to you or brothers/sisters? yes no

Please describe. _____

Please describe any previous psychotherapy: _____

If you are or have been under psychiatric care or hospitalization, please describe: _____

Psychiatrist name _____ Address _____

Phone _____ May I consult with your psychiatrist? yes no

Any physical complaints now or in the past that have affected your life? __yes ___no

Please describe. _____

Insurance Company name and policy number

_____ # _____

Legal History

Have you ever been arrested (including DWI)? _____ If so, when? _____

Describe: _____

Current status on case: _____

Have you ever been sued? _____ If so, when? _____ Describe: _____

Current status on case: _____

Have you ever sued anyone? _____ If so, when? _____ Describe: _____

Are you aware of any present circumstances that could involve you in a legal dispute? _____

Describe: _____

Please describe briefly why you are seeking counseling. What would you like to have happen?

Referred by: _____

Please give 24 hour notice to cancel appointments. Except in case of emergency. missed appointments without 24 hour notice will be charged.

I am regulated by the Texas State Board of Examiners of Professional Counselors, 8407 Wall Street, Austin, Texas 78724. (512)834-6659.

Signature

Signature of parent/guardian

Date