Symmetry Counseling

A Limited Liability Company

Please take the time to complete this form thoroughly.
Please bring this completed form as well as the attached documents in your first appointment. Thank you!

Child's Identifying Information:

Name _________________________________ Age _______ Birth date ____________

Address: street ______________________ city/state ___________________ zip _________

Phone: home _________________ work ___________________ cell _________________

Mother's Name: ____________________________________ Birth date ______________

Father's Name: _____________________________________ Birth date ______________

Physician ____________________________ Phone ______________ Last visit __________

Parents' marital/relationship status: ________________ With whom does you live: ________

Parents' employer(s): Mother: _____________________ Father: ______________________
Parents' position(s): Mother: _____________________ For how long? ________________
Father: _____________________ For how long? ________________

Your current school and grade: ____

Do you have brothers and/or sisters?

Name	*Age*	*Medical/Emotional Problems*	*Living?*

Ethnic/cultural/religious background ____

Contact Information

Billing Contact: ____________________________
Address: street ______________________ city/state ___________________ zip _________
(If different from child's home address)

Message Contact and Number: ____
(please include if you do not want me to contact you at your home number).

Health

Please describe your general health and list any medical problems ___________________________

____

Allergies (including medication allergies) ____

How many hours per week do you exercise _______ Type of exercise _________________________

____

Are you comfortable with your weight? _______ *why/why not?* ___________________________________

How many hours a night do you sleep? _____ Do you sleep well through the night? _____________

Do you have problems sleeping? _________ *if so, when?* ____

Have you ever had a miscarriage? ____ *when?* ____

Abortion? ______ *when?* ____

Are you troubled by any fears/worries/anxieties? ____________ *Please describe* __________________

____

Have you ever attempted suicide? ____ *when?* ______________ *how?* ____________________________

Has anyone ever expressed concern about your health? _____ *please explain* _____________________

____

Has anyone ever expressed concern about your eating habits or weight? ____ *please explain* ______

____

Has anyone ever expressed concern about your drinking or drug use? ______ *please explain* _______

____

History

Is there any history of mental illness or emotional problems in your family? *Please describe:*

____

Have any of your relatives ever experienced a problem with alcohol or drugs? ________ *If so who?*

____

Have you ever been sexually abused? ____

Have you ever been in a situation in which you were touched in a way that made you feel unsafe or uncomfortable? ____

Have any family or friends ever attempted or committed suicide? _____ *If so who?* ____________

Have you ever experienced the death of a close family member or a friend? _____ *Who and When?*
____

Present Concerns

In your present life, how do you deal with problems or conflicts? *Circle all that apply*

Spank Kick Tease Ridicule Slap Shame Discuss Yell Push Lecture
Threaten Deny Problems Problem Solve Withdraw Emotionally Leave Ignore
Escape into Compulsive Behavior Listen with Respect Blame Seek Help From Others

What events, experiences, or changes have led you to choosing to come into counseling?
____

What specific issues do you want to work on in counseling? _____________________________
____

Have you work on them before? _____ When and with whom? ___________________________
____
____

Please mention any other special concerns, history or information that might be helpful for me to know in working with you ____
____

Your counseling session is on ________________ at _______
If you are unable to keep your appointment, please call to cancel at least 24 hours in advance.
Please read the enclosed policy statement, sign it, and bring both it and this form to your session.

DATE YOU COMPLETED THIS FORM __________________________