

Steven D. Gary, LMHC
Client Information
Confidential

Please complete the following information. This will help me to better serve you.

Date _____
Name _____ DOB ___ / ___ / ___
SS# _____
Home Phone _____ Work Phone _____
Cell Phone _____ e-mail _____
Address _____ City _____ Zip _____
Emergency Contact _____ Phone _____
Occupation? Employer _____
Major reason for counseling _____

Current or Previous counseling, who/when _____

Relationship status { } single { } partnered { } married { } separated { } divorced { } other { }
Children names and ages _____

Medical History (hospitalizations, surgeries, diagnosis) _____

Current Medications _____

Primary Doctor/Phone _____
Amount of drug and/or alcohol intake weekly _____
Legal History _____
Method of payment { } self insurance { }
Insurance Company _____ Policy number _____
Copay _____ Limits of coverage _____ Deductible _____
% reimbursement _____ Supplemental insurance _____
How did you hear about Steven Gary? _____

Please take some time to answer the following questions. It will help me to understand and connect with you better. You can use another piece of paper if you need to.

Describe your current relationship status and how you feel about it.

Describe your work and how you feel about it.

What are your values and beliefs about money?

What is your relationship to your family like?

How would you describe your spirituality?

What is your previous therapy history and how did was the outcome?

What do you consider your life purpose?

How do you use your free time?

What is your sexuality and how do you feel about it?

What, if any, transitions have you made in the past five years?

Anything else you think is important: