ADAPT COUNSELING

LARA ANDERS Marriage & Family Therapist
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New Client Assessment Form

Name: _____

Date of birth: _____

Address: _____

Email: _____

Phone: _____
(Can you receive texts on this number?) Yes ☐ No ☐

Are you interested in therapy? Individual Marriage Therapy
(please circle)

How did you hear about us? _____

Religious affiliation: _____

How do you plan to pay for therapy?

Cash	☐	Check	☐
Debit/Credit	☐	Bishops Assistance	☐
HAS account	☐		

If Bishop will be assisting financially, please include his name, address to send bill to and phone #

_____

_____

Marital Status:

Married	☐	Single	☐
Divorced	☐	Recent break up	☐
Widowed	☐		

Names and ages of family members: _____

_____

Current health problems: _____

_____

List all medical conditions and medications currently taking for those: _____

_____

_____

Are you currently being treated by another therapist: _____

Name and Phone # of doctor prescribing medications: _____

_____

Counseling history (prior Diagnoses & dates of treatment): _____

_____

Was the outcome of past therapy successful? Please describe what worked and what didn't:

_____

_____

_____

Check all that apply:	☐	Unusual eating patterns	☐
Anxiety	☐	Desire to not be touched	☐
Depression	☐	Hopelessness	☐
Difficulty sleeping	☐	Thoughts of body image	☐
Obsessive thoughts	☐	Felling out of control	☐
Fear/Worry	☐	Lack of motivation	☐
stress in relationships	☐	Compulsive eating	☐
Headaches	☐	Thoughts of harming self or others	☐
Angry outbursts	☐	Guilt	☐
Mood swings	☐	Perfectionism	☐
Desire to be alone	☐	Social Phobias	☐
Addictions	☐	Fear of failure	☐
		Flat emotions	☐

What is the main reason you are here today: _____

_____

_____

Describe what things would look like if the main problem was solved:

Describe past successes in this area:

List additional issues you'd like to work on in therapy:

List you strengths:

Sign:

Date:

This form is strictly CONFIDENTIAL: