

Nancy Case, MA, LMHC

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Name: _____ Phone: _____ Message OK? Y/N

Address: _____ Email: _____

Today's Date: _____ Date of Birth: _____ Age: _____

Employer: _____ Position: _____ Worked At Since: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Current Living Situation (e.g. alone, with spouse/partner, with parents, with roommate, etc):

What problems, issues or concerns bring you to therapy?

What are your goals for therapy? (In what ways would your life change if therapy is successful?)

What typically helps you manage stress in your life? What do you feel are your strengths?

Have you been to therapy before? If yes, when did you go and what did you find helpful?

Are you currently being treated by a medical practitioner? If yes, for what purpose?

Do you have any chronic medical or physical conditions? If yes, what are they and how do they affect you?

Please list all prescription and non-prescription medications you are currently taking:

How many children were in your family growing up? _____ What was your birth order? _____

Are you in a relationship? _____ Do you have any children (if yes, how many)? _____

Have you or someone close to you ever been concerned about your alcohol or drug use? If yes, have you been in treatment?

What (if any) cultural identities or personal beliefs would you like me to know about? Also, where were you born/where did you grow up?

How did you hear about my practice? If from the internet, which site/search engine? _____