Greg Sutton LCPC Counseling & Psychotherapy (LCPC #4315)

223 North 6th Street #320 Boise ID, 83702 (208)559-5666

GENERALINFORMATION

Date			
Name	D	ate of Birth_	
Address			Zip
Home phone	Work phon	e	ener water taken
Mobile/Other	(si	t okay to leave	a message-yn)
E-mail Address		okay to leave	a message-yn)
Person to notify in the event of an emerge	ency:		
Contact's phone number:	ri Malairi Mal	er manner m	
Emergency contact relationship to you:	maar allemaar salamar allemaar salamar		
Referred by:			

BRIEF DESCRIPTION OF PROBLEM:

State your concerns, why you are seeking an evaluation/counseling and when the
difficulties began (suddenly, gradually).
EDUCATION:
Highest grade/degree completed
Where
Current Occupation/Current Employer

FAMILY:
Present Relationship Status:
Married or in a primary relationship (yrs: mos:)
Single: (yrs:mos:)
Divorced: (yrs:mos:)
Dating (yrs: mos:)
Widowed (yrs:mos:)
In a new relationship (6 months or less)
Other
Do you live with your significant other? \(\subseteq \text{ Yes} \text{No} \)
OTHERS LIVING IN HOUSEHOLD:
Name Relationship/age
MEDICALINFORMATION
Medical DoctorPhone
Date of last physical exam (approx) / /
How would you rate your physical health?
□ Excellent □ Good □ Fair □ Poor
Mental Health Provider (Psychiatrist, MD, PAC, NPC,
DO)
Phone

List any medications you are currently taking (including non-prescription or herbal remedies)
Describe any current physical problems or concerns that you
have
List any history of significant physical problems (e.g, broken bones, head injury, seizures, surgery, loss of
consciousness)
List any current or past legal issues
List any history of family medical & psychiatric history