

Greg Sutton LCPC

Counseling & Psychotherapy (LCPC

#4315)

223 North 6th Street #320 Boise ID,

83702

(208)559-5666

## GENERAL INFORMATION

Date \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile/Other \_\_\_\_\_ (Is it okay to leave a message-y\_\_n\_\_)

E-mail Address \_\_\_\_\_ (Is it okay to leave a message-y\_\_n\_\_)

Person to notify in the event of an emergency: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Emergency contact relationship to you: \_\_\_\_\_

Referred by: \_\_\_\_\_



# 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?  Yes  No

# OTHERS LIVING IN HOUSEHOLD:

Name

Relationship/age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# MEDICAL INFORMATION

Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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)

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Describe any current physical problems or concerns that you have \_\_\_\_\_

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List any history of significant physical problems (e.g, broken bones, head injury, seizures, surgery, loss of consciousness) \_\_\_\_\_

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List any current or past legal issues

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List any history of family medical & psychiatric history

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