***Alex Borton, MC, LMHC***

214 North Commercial Street, #100, Bellingham, WA 98225

260-303-2981

### Please fill in your personal information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code

Mailing address (if different)

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code

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

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed?\_\_\_\_\_ What line of work?

Where are you currently employed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you single?\_\_\_\_\_\_ married?\_\_\_\_\_\_\_ separated?\_\_\_\_\_\_\_ divorced?\_\_\_\_\_\_\_\_

Name of spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of marriage:

### Do you have children?\_\_\_\_\_\_\_ Please list names and ages:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Age | Child’s Name | Age |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Who is counseling you (formally or informally) currently?

Do you have any current legal problems?\_\_\_\_\_\_\_

Please explain:

# Medical Information

## Are you currently under a physician’s care?

Name of physician:

Date of last physical examination:

Are you currently under psychiatric care?

Name of psychiatrist:

Have you ever had a formal psychological assessment?

Have you had any prior counseling?\_\_\_\_\_\_\_\_

Name of counselor?

### Are you currently using any medications?\_

Please list all medications and for what it is prescribed for:

|  |  |
| --- | --- |
| **Medication** | **Prescribed For** |
|  |  |
|  |  |
|  |  |

Have you ever been diagnosed with:

\_\_\_\_\_\_Anxiety Disorder \_\_\_\_\_Schizophrenia

\_\_\_\_\_Borderline Personality Disorder \_\_\_\_\_Anger

\_\_\_\_\_Obsessive/Compulsive Disorder \_\_\_\_\_Alcoholism

\_\_\_\_\_Bipolar Disorder \_\_\_\_\_Chemical Dependency

\_\_\_\_\_Eating Disorder \_\_\_\_\_Depression

 Anorexia\_\_\_\_\_\_ \_\_\_\_\_Seasonal Affective Disorder

 Bulimia\_\_\_\_\_\_ \_\_\_\_\_Dissociative Identity Disorder

\_\_\_\_\_Sexual Dysfunction \_\_\_\_\_Other

Please explain:

Addictions:

Please identify:

Have you ever been suicidal?\_\_\_\_\_\_\_ When?

Have you ever been homicidal?\_\_\_\_\_\_ When?

Would you sign a release form to obtain information from medical/psychological professionals you’ve worked with?\_\_\_\_\_\_\_\_\_

Do you consume alcohol regularly?\_\_\_\_\_\_\_ How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take non-prescribed drugs?\_\_\_\_\_\_ How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What primary concerns, issues, or problems do you want to work on with your counselor?

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_