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360-303-2981

Please fill in your personal information:

Name _____ Date _____

Date of Birth _____ Gender/Pronouns _____

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?
