



**Velvet Counseling**

*Stop hurting, Start healing*

**New Client Paperwork**

Name:		Date:	
Name of Parent or legal guardian (if under 18 years of age):		Referred by:	
Client's Social Security Number:		Date of Birth:	
Address:			
City:		State:	Zip Code: -
Home Phone:	Cell:	Work:	Other:
Ok to leave message? Y or N	Y or N	Y or N	Y or N
Email address:		May we e-mail you? Y or N (appointment reminders will be sent via email)	
Employed? Y or N Employer:		Marital Status? Single Married Divorced Other	

**Emergency Contact**

Name & Relation:	Address:		
Home Phone:	Cell:	Work:	

**Insurance Information (if applicable):**

Primary Insurance Provider:	Primary Insured's Name:	DOB:
Primary Insured's Phone Number:	Primary Insured's Address:	
Insured's ID Number:	Group Number:	
Office Visit Co-pay:	Deductible:	
Secondary Insurance plan name: (If Applicable)	Primary Insured's Name:	DOB:
Primary Insured's Phone Number:	Primary Insured's Address:	
Insured's ID Number:	Group Number:	

**Credit Card Information**

Credit/Debit Card Number:	Expiration Date:	Security Code: (3 digit code on back of card)
Full Name on Credit/Debit Card:		

**Payment in full is due at the time of service. If I fail to cancel my appointment within the guidelines of the No Show Policy Disclosure, there will be a \$40.00 fee which will be charged to my credit card. This credit card will also be used toward any unpaid account balances.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## BIOPSYCHOSOCIAL HISTORY

Presenting Problem. \_\_\_\_\_

### CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Depressed mood	[ ]	[ ]	[ ]	[ ]	binging/purging	[ ]	[ ]	[ ]	[ ]
Appetite disturbance	[ ]	[ ]	[ ]	[ ]	guilt	[ ]	[ ]	[ ]	[ ]
Sleep disturbance	[ ]	[ ]	[ ]	[ ]	elevated mood	[ ]	[ ]	[ ]	[ ]
Paranoia	[ ]	[ ]	[ ]	[ ]	fatigue/low energy	[ ]	[ ]	[ ]	[ ]
Self-mutilation	[ ]	[ ]	[ ]	[ ]	hyperactivity	[ ]	[ ]	[ ]	[ ]
Poor concentration	[ ]	[ ]	[ ]	[ ]	Mood swings	[ ]	[ ]	[ ]	[ ]
Irritability	[ ]	[ ]	[ ]	[ ]	Emotionality	[ ]	[ ]	[ ]	[ ]
Anxiety	[ ]	[ ]	[ ]	[ ]	Panic attacks	[ ]	[ ]	[ ]	[ ]
Obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	Physical trauma victim	[ ]	[ ]	[ ]	[ ]
Anorexia	[ ]	[ ]	[ ]	[ ]	paranoia	[ ]	[ ]	[ ]	[ ]
Hallucinations	[ ]	[ ]	[ ]	[ ]	aggressive behaviors	[ ]	[ ]	[ ]	[ ]
Conduct problems	[ ]	[ ]	[ ]	[ ]	Oppositional behavior	[ ]	[ ]	[ ]	[ ]
Sexual dysfunction	[ ]	[ ]	[ ]	[ ]	grief	[ ]	[ ]	[ ]	[ ]
Hopelessness	[ ]	[ ]	[ ]	[ ]	Substance abuse	[ ]	[ ]	[ ]	[ ]
Social isolation	[ ]	[ ]	[ ]	[ ]	worthlessness	[ ]	[ ]	[ ]	[ ]
Emotional trauma victim	[ ]	[ ]	[ ]	[ ]	Sexual trauma victim	[ ]	[ ]	[ ]	[ ]

### EMOTIONAL/PSYCHIATRIC HISTORY

[ ] [ ] Prior outpatient psychotherapy? [ ] [ ] Prior inpatient psychotherapy?  
 No Yes If yes, on \_\_\_\_\_ occasions. No Yes If yes, on \_\_\_\_\_ occasions.

### FAMILY HISTORY

Children's information- List all children

Name	Birth date	Lives with you?	Name	Birth date	Lives with you?

Present during your childhood.

Parent's current marital status.

<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><b>Present</b></td> <td style="width: 33%;"><b>Present</b></td> <td style="width: 33%;"><b>Not</b></td> </tr> <tr> <td><b>Entire</b></td> <td><b>part of</b></td> <td><b>present</b></td> </tr> <tr> <td><b>Childhood</b></td> <td><b>childhood</b></td> <td><b>at all</b></td> </tr> </table>	<b>Present</b>	<b>Present</b>	<b>Not</b>	<b>Entire</b>	<b>part of</b>	<b>present</b>	<b>Childhood</b>	<b>childhood</b>	<b>at all</b>	<table border="0" style="width: 100%;"> <tr> <td>[ ] married to each other</td> </tr> <tr> <td>[ ] separated for ____ years</td> </tr> <tr> <td>[ ] divorced for ____ years</td> </tr> <tr> <td>[ ] mother remarried ____ times</td> </tr> <tr> <td>[ ] father remarried ____ times</td> </tr> <tr> <td>[ ] mother involved with someone</td> </tr> <tr> <td>[ ] father involved with someone</td> </tr> <tr> <td>[ ] mother deceased for ____ years</td> </tr> <tr> <td>[ ] father deceased for ____ years</td> </tr> </table>	[ ] married to each other	[ ] separated for ____ years	[ ] divorced for ____ years	[ ] mother remarried ____ times	[ ] father remarried ____ times	[ ] mother involved with someone	[ ] father involved with someone	[ ] mother deceased for ____ years	[ ] father deceased for ____ years
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Mother [ ]	[ ]	[ ]																	
Father [ ]	[ ]	[ ]																	
Stepmother [ ]	[ ]	[ ]																	
Stepfather [ ]	[ ]	[ ]																	
Brother(s) [ ]	[ ]	[ ]																	
Sister(s) [ ]	[ ]	[ ]																	

Describe childhood family experiences:

- outstanding home environment
- normal home environment
- chaotic home environment
- witnessed physical/verbal/sexual abuse toward others
- experienced physical/verbal/sexual abuse from others

IMMEDIATE FAMILY

Marital Status.

- single, never married
- engaged \_\_\_\_\_ months
- married for \_\_\_\_\_ years
- divorced for \_\_\_\_\_ years
- separated for \_\_\_\_\_ years
- divorce in process
- live-in for \_\_\_\_\_ years
- \_\_\_\_\_ prior marriages (self)
- \_\_\_\_\_ prior marriages (partner)

Intimate Relationship.

- never been in a serious relationship
  - not currently in relationship
  - currently in serious relationship
- Relationship satisfaction.**
- very satisfied with relationship
  - satisfied with relationship
  - somewhat satisfied
  - dissatisfied with relationship

List all persons living in client's household.

Name	Age	Relationship to client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List children not living in the same household as client.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL HISTORY (check all that apply for client)

Describe current physical health:  Good  Fair  Poor

List name of primary care physician:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

List name of psychiatrist (if any):  
Name \_\_\_\_\_ Phone \_\_\_\_\_

List any know allergies: \_\_\_\_\_  
\_\_\_\_\_

Is there a history of any of the following in the family?

- tuberculosis  heart disease
- birth defects  high blood pressure
- emotional problems  alcoholism
- behavior problems  diabetes
- thyroid problems  drug abuse
- cancer  alzheimer's disease/dementia
- mental retardation  stroke
- other chronic or serious health problems \_\_\_\_\_

Check any of the following problems you have or have had:

- Asthma  Bladder problems  cancer  chronic pain  diabetes
- epilepsy  Gastrointestinal problems  Glaucoma  headaches  heart disease
- High blood pressure  Infections  Kidney Disease  Liver disease  Neurological problems
- Prostrate problems  Thyroid disease  Menopause  Premenstrual syndrome  Postpartum depression

**List any medications you are currently taking**

(Give dosage and reason)

Medication	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SUBSTANCE USE HISTORY**

Substances used

(complete all that apply)	First use age	Last use age	(Yes/No)	Frequency	Amount
<input type="checkbox"/> alcohol	_____	_____	_____	_____	_____
<input type="checkbox"/> amphetamines/speed	_____	_____	_____	_____	_____
<input type="checkbox"/> barbiturates/owners	_____	_____	_____	_____	_____
<input type="checkbox"/> caffeine	_____	_____	_____	_____	_____
<input type="checkbox"/> cocaine	_____	_____	_____	_____	_____
<input type="checkbox"/> crack cocaine	_____	_____	_____	_____	_____
<input type="checkbox"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____	_____
<input type="checkbox"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____	_____
<input type="checkbox"/> marijuana or hashish	_____	_____	_____	_____	_____
<input type="checkbox"/> nicotine/cigarettes	_____	_____	_____	_____	_____
<input type="checkbox"/> PCP	_____	_____	_____	_____	_____
<input type="checkbox"/> prescription _____	_____	_____	_____	_____	_____
<input type="checkbox"/> other _____	_____	_____	_____	_____	_____

Family alcohol/drug abuse history:

- father
- mother
- grandparents(s)
- sibling(s)
- other
- stepparent/live-in
- uncle(s) aunt(s)
- spouse/significant other
- children

Substance use status:

- no history of abuse
- active abuse
- early partial remission
- sustained full remission
- sustained partial remission

Treatment history:

- outpatient (age)(s) \_\_\_\_\_
- inpatient (age)(s) \_\_\_\_\_
- 12-step program (age)(s) \_\_\_\_\_
- stopped on my own (age)(s) \_\_\_\_\_

**SOCIO ECONOMIC HISTORY** (check all that apply for client)

## Living situation:

 housing adequate homeless housing overcrowded dependent on other for housing

## Social support system:

 supportive network few friends substance-use-friends no friends distant from family

## Sexual history:

 heterosexual orientation  currently sexually dissatisfied homosexual orientation  age first sex experience bisexual orientation  age first pregnancy/fatherhood \_\_\_\_\_ currently sexually active  history of promiscuity age \_\_\_ to \_\_\_\_\_**Employment:** employed unemployed retired coworker conflicts supervisor conflicts unstable work history disabled student**Legal history** no legal problems now on parole/probation arrest(s) not substance-related arrest(s) substance-related court ordered this treatment jail/prison \_\_\_\_\_ times**Financial Situation** no current financial problems large indebtedness poverty or below-poverty income impulsive spending relationship conflict over finances**Cultural/spiritual/recreational history**

Cultural identity (e.g., ethnicity, religion): \_\_\_\_\_

Currently active in community/recreational activities? Yes  No Formally active in community/recreational activities? Yes  No Currently participate in hobbies? Yes  No Currently participate in spiritual activities? Yes  No **Underline any of the following words which apply to you.**

Horrible thoughts

Can't do anything right

Hostile

Aggressive

Unloved

Full of regrets

Worthless useless

incompetent

full of hate

ugly

misunderstood

worthwhile

naïve

anxious

deformed

bored

sympathetic

a nobody

guilty

agitated

unattractive

restless

intelligent

life is empty

evil

cowardly

repulsive

confused

attractive

inadequate

morally wrong

unassertive

depressed

unconfident

confident

stupid

horrible thoughts

panicky

lonely

in conflict

considerate