Te Anna Brown, MA, LPC

Embrace Counseling, LLC | 14485 E Evans Ave, Aurora, CO 80014

TeAnna.EmbraceCC@gmail.com | #720-616-8733 | #720-513-5858 (Fax)

The purpose of this questionnaire is to get a more complete picture of your personal, family and marital background without having to use a great deal of valuable therapy time. Please answer the questions as accurately as possible and feel free to ask questions. All of this information is completely confidential.

General Information

Today's Date: _____

NAME (Client 1): _____ **Age:** _____ **Date of Birth:** _____

(if applicable)
NAME (Client 2): _____ **Age:** _____ **Date of Birth**: _____

ADDRESS(s): _____
(including city, state & zip code)

Parent name(s) if client is a minor _____

Home phone:_____ **Cell Phone:**_____

Children's Name (s), siblings: (if applicable)

NAME: _____ **DOB/Age:** _____ **Phone Number:** _____

NAME: _____ **DOB/Age:** _____ **Phone Number:** _____

NAME: _____ **DOB/Age:** _____ **Phone Number:** _____

NAME: _____ **DOB/Age:** _____ **Phone Number:** _____

Check box for ethnicity:

[ ] African American [ ] Asian [ ] Caucasian [ ] Latino [ ] Native American [ ] Bi/Multiethnic

Military:

***Yes*_____ *No* _____*Dates of Service?*_____ *Which Branch?*_____

Permission to Contact

Email address (parent, if a minor) _____
Do I have permission to leave Voice Messages? Y [ ] / N [ ]
Do I have permission to email Y [ ] / N [ ]
Do I have permission to text message Y [ ] / N [ ]
Do I have permission for Video Chat Y [ ] / N [ ]

Employment Information (parent (s), if minor)

OCCUPATION (Client 1) : _____ PLACE OF WORK: _____

OCCUPATION (Client 2) : _____ PLACE OF WORK: _____

Income (Client 1):

[ ] No income [ ] below 15 k [ ] 15k-20 [ ] 20-30k [ ] 30k-40k [ ] 40-50k [ ] 50 and above

Income (Client 2):

[ ] No income [ ] below 15 k [ ] 15k-20 [ ] 20-30k [ ] 30k-40k [ ] 40-50k [ ] 50 and above

Name of School attending or attended: _____

GRADE or EDUCATIONAL LEVEL: _____

GRADE or EDUCATIONAL LEVEL: _____

WHO REFERRED YOU? _____

Any criminal convictions? Y [ ] N [ ] If yes, please briefly explain:

_____

Counseling information

Check Type of Counseling: Individual [ ] Couple [ ] Family [ ]

Who will be present in the counseling sessions? Please write each name

_____

1. BRIEFLY DESCRIBE the reasons for counseling?
_____
_____
_____
_____

2. HAVE YOU RECEIVED COUNSELING BEFORE: YES____ NO____

IF YES, HOW DID YOU FEEL ABOUT THE OUTCOME?

_____
_____

CHECK ALL OF THE FOLLOWING AREAS THAT YOU WOULD LIKE SUPPORT WITH:

Marriage/partner	**YES___ NO___**	**Family**	**YES___NO___**
Job/School	**YES___ NO___**	**Health**	**YES___NO___**
Self-Identify	**Yes___ NO___**	**Relationships**	**YES___NO___**
Finances	**YES__ NO___**	**Legal**	**YES___NO___**
Friendships	**YES___ NO___**	**Mood**	**YES___NO___**
Anxiety Level	**YES___ NO___**	**Eating habits**	**YES___NO___**
Spirituality	**YES___ NO___**	**Anger**	**YES___NO___**
Alcohol	**YES___ NO___**	**Drug(s)**	**YES___NO___**
Sexual difficulties	**YES___ NO___**	**Caffeine**	**YES___NO___**
Smoking	**YES___ NO___**		
Other _____			

Domestic Violence currently or in the past: YES___ NO___

IF YES to any of the above, feel free to provide more information:

_____
_____

Medical Information

Are you/clients on any medication: (Please check one) [ ]YES [ ] NO

IF YES, please list NAMES OF MEDICATION, DOSAGE AND FREQUENCY TAKEN:

_____
_____

2. What is the general condition of your/client's health? _____

Physician's Name and Phone Number: _____

3. Do you/client use Drugs or Alcohol? YES_____NO_____

IF YES, please share the names, the amount used, how often and any reasons for their usage:

_____
_____

In case of emergency please contact, please include name and relationship:

NAME:_____PHONE:_____

NAME:_____PHONE:_____

To the best of my knowledge, I attest that all of the above information is true:

Signature:_____Date:_____

Signature:_____Date:_____