

Mimi Leung-Pang, LMFT, BCPCC

APPLICATION FOR COUNSELING (CONFIDENTIAL)

NAME: _____ PHONE: _____

ADDRESS: _____

BIRTHDATE: _____ AGE: _____ SEX: _____

BIRTHPLACE: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

REFERRED BY _____ PHONE: _____

(Underline any of the following that apply to you):

- | | | | |
|----------------------|--------------------|----------------------|------------------------------|
| Fainting spells | Headaches | Dizziness | Appetite Disturbances |
| Chest pains | Stomach trouble | Palpitation | Bowel Disturbances |
| Fatigue | Feel panicky | Tremors | Insomnia |
| Nightmares | Take sedatives | Take drugs | Alcoholic |
| Depressed | Suicidal ideas | Sexual problems | Unable to relax |
| Unable to have fun | Don't make friends | Shy with people | Don't like weekends/vacation |
| Feel lonely | Don't keep a job | Over-ambitious | Home conditions bad |
| Inferiority feelings | Financial problems | Don't make decisions | |

SIGNATURE _____

DATE _____

MARITAL AND FAMILY INFORMATION

Never Married ____ Now married ____ Separated ____ Divorced ____ Widowed ____

Family members	Relationship	Age	Address & Phone	Occupation

Is spirituality important to you?

Yes ____ Religious view _____ No ____

EDUCATION AND EMPLOYMENT

Last Grade Completed _____ Occupation _____

Employed? _____ Yes _____ No/For how long? _____

MEDICAL HISTORY

List all important present or past illnesses, injuries, or disabilities

Date of last medical examination _____ Physician _____

Are you presently taking medications?

Yes ____, what type? _____ No ____

REASON FOR SEEKING THERAPY

Please describe briefly the major concern or situation that resulted in your coming for counseling; include when it began and what you are currently experiencing:

PREVIOUS COUNSELING/THERAPY EXPERIENCE

Previous counseling received: When? _____ For how long? _____

What did you like about your previous counselor(s)?

How was previous counseling helpful? What was your reason for termination of counseling?

