

REX WEST, MA, LPC (# 0012679), 4774 MCKINLEY DRIVE, BOULDER, COLORADO 80303, 303.945.3861

Client Information

Client Name(s): _____

Date: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Date of Birth: _____

Emergency Contact: _____

Couples: other than spouse _____

Relationship to you: _____ **Phone:** _____

Occupation: _____

Have you received counseling, psychological, or psychiatric services in the past? If yes, where, when, and for what reasons: _____

What medications/prescriptions or supplements are you currently taking for psychological purposes?: _____

Many people feel resistance to seeking psychological help. Please indicate your level of reluctance you feel: None Some A lot

Please check the issues or difficulties that prompted you to seek counseling:

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Relationship Problems | <input type="checkbox"/> Trust Issues |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Family Dynamics | <input type="checkbox"/> Work Issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Life Transitions | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Grief/loss/death | <input type="checkbox"/> Alcohol/Drug Use | <input type="checkbox"/> Sexual Issues |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Traumatic Events | <input type="checkbox"/> Spiritual Issues |

Other issues that you feel are relevant: _____

