synchronicity COUNSELING

Confidential Client Intake Information

Denae Barowsky, M.A., LPC

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip:_____

Primary Phone: _____ Secondary Phone:_____
Leave message? ☐Yes ☐No Leave message? ☐Yes ☐No

Work Phone: _____ Email:_____
Leave message? ☐Yes ☐No Contact by email? ☐Yes ☐No

Occupation: _____ Best time/day to contact you:_____

Birth date: _____ Age: _____ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

Education Level: ☐ 8th Grade or Below ☐ High School ☐ Some College ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate

Have you been in counseling/therapy before? ☐Yes ☐No If yes, when: _____ Did it help? ☐Yes ☐ Some ☐No

Reason for therapy?_____

Have you or a family member ever attempted suicide?_____

Please list all medications you take: _____

Physician's Name: _____ Phone number: _____

Psychiatrist's Name: _____ Phone number: _____

Do you have any physical disabilities or chronic illnesses? (please list):_____

Please circle any of the following that are currently troubling you:

Alcohol/Drug use	Eating Problems	Physical Abuse	Communication with Partner	Motivation
Self-Esteem	Sexuality	Verbal Abuse	Sexual Harassment	School/Educational
Assertiveness	Suicidal Thoughts	Sexual Abuse	Stress	Dating
Addiction	Alcohol or Drug Issues	Marriage/Spouse/Partner	Spiritual/Religious	Career
Appearance/Weight	Depression/Sadness	Loneliness	Work Stress	Time Management
Expressing Feelings	Anxiety/Panic	Perfectionist	Money/Financial Issues	Hopelessness
Grief/Loss	Worry/Fear	Shyness	Childhood Issues	Divorce/Break up
Meeting People/Friends	Anger/Rage	Sleep	PTSD	Parenting
Guilt	Helplessness	GLBT issues	Boredom	Traumatic Event
Homesickness	Stalking	Trust	Relationship issues	Family

Please describe briefly your reason for seeking counseling:

Please describe how you will know counseling is working:_____

_____

1) Emergency Contact:_____ Relationship:_____ Phone:_____

2) Emergency Contact:_____ Relationship:_____ Phone:_____

How did you hear about Synchronicity Counseling? _____