

# JAMIE INMAN, M.A., LMFT

License # 44365

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Email \_\_\_\_\_ SS# \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

## ***HISTORY AND BACKGROUND***

### MARITAL

STATUS: \_\_\_\_\_ DATE MARRIED: \_\_\_\_\_ PREVIOUS MARRIAGES: SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_

### SPOUSE/PARTNER:

NAME: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_ SS#: \_\_\_\_\_

	NAME:	AGE:	WHERE LIVING:
CHILDREN	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

OTHERS LIVING IN HOUSEHOLD: \_\_\_\_\_

FAITH: \_\_\_\_\_ PREVIOUS PSYCHOTHERAPY EXPERIENCE: YES \_\_\_\_\_ NO \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENTLY UNDER MEDICAL CARE? YES \_\_\_\_\_ NO \_\_\_\_\_ REASON: \_\_\_\_\_

MAJOR ACCIDENTS, ILLNESSES, INJURIES AND DATES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ADDITIONAL HEALTH PROBLEMS \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING THAT HAVE APPLIED TO YOU IN THE PAST 6 MONTHS:

Headaches	Panic attacks	Heart palpitations	Appetite change	Apathy
Trouble Sleeping	Sexual difficulties	Fearful or shy	Memory problems	Early morning awakening
Tension & Anxiety	Drugs and Alcohol	Blackouts	Loss of Pleasure	Poor self-image
Depression	Frequent nightmares	Frequently tired	Trouble concentrating	Poor anger control

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HOW MUCH ALCOHOL DO YOU DRINK? \_\_\_\_\_ DAY/WEEK

HOW MUCH ALCOHOL DOES YOUR SPOUSE/PARTNER DRINK? \_\_\_\_\_ DAY/WEEK

DRUG USE HISTORY: \_\_\_\_\_

HAVE YOU EVER ATTEMPTED SUICIDE? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE(S): \_\_\_\_\_

ARE YOU CURRENTLY EXPERIENCING SUICIDAL THOUGHTS? YES \_\_\_\_\_ NO \_\_\_\_\_

PAST OR PRESENT THOUGHTS/ATTEMPTS TO HARM OTHERS? YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENT LEGAL/ADMINISTRATIVE ACTION PENDING AGAINST YOU: YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

WHY ARE YOU COMING TO COUNSELING? (Please be specific):

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WHEN YOU ARE UNDER STRESS, OR UNHAPPY WHAT DO YOU DO TO FEEL BETTER?

Shop	gamble	exercise	faith	alcohol
Creative outlet	work	hobbies	talk with friends	sex
Drugs	eat	groups	other? _____	

WHO DO YOU TURN TO FOR SUPPORT?

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WHAT DO YOU HOPE TO ACCOMPLISH FROM OUR TOGETHER? \_\_\_\_\_

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