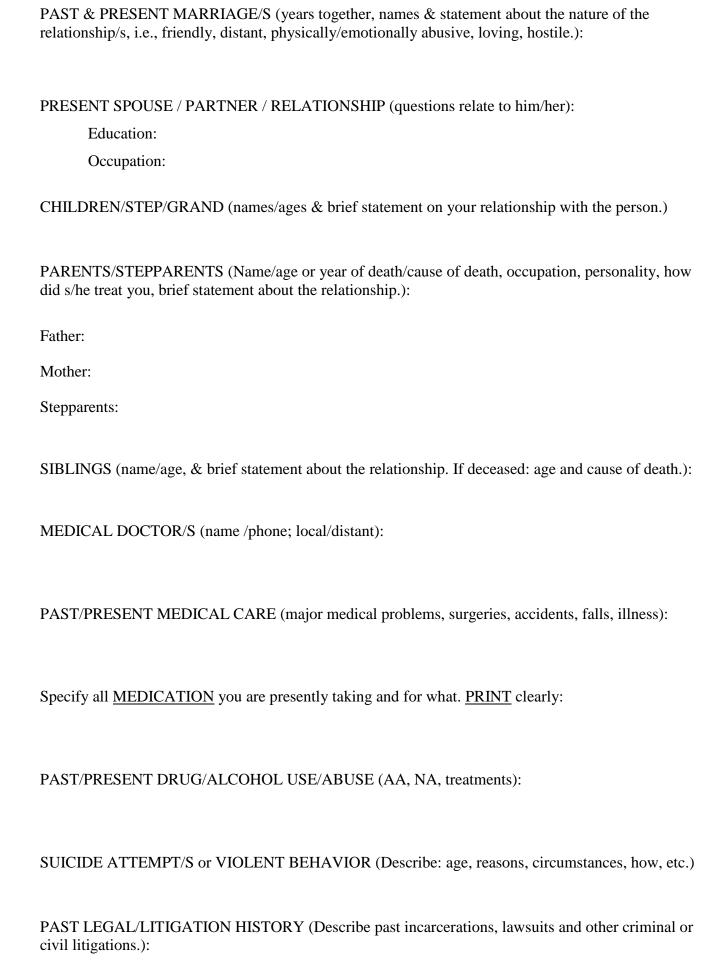
Carol Brill Counseling, LLC Teen & Adult Counseling ~ High School, College & Career Services

Website: www.CarolBrill.com Email: FocusCollege@bellsouth.net

Carol H. Brill, LPC 820 Jordan St, Suite 510-C (318) 678-9075

Please fill out as completely as possible and bring with you to our first session. It will help me in our work together. If you do not choose to answer any question, merely write "Do not care to answer."

TODAY'S	DATE:		
NAME:			
MALE/FE	MALE:		
DATE OF	BIRTH/PLACE C	OF BIRTH:	
AGE:		DOB:	
ADDRESS	:		
TELEPHO	NE:		
Hor	ne:		
Offi	ice:		
Fax	:		
Ema	ail:		
HIGHEST	GRADE/DEGRE	E:	
DEGREE I	PURSUING:		
ANTICIPATED GRADUATION DATE / LENGTH OF TIME IN COLLEGE STUDIES:			
PERSON A	AND PHONE NO	. TO CALL IN E	EMERGENCY:
REFERRA	L SOURCE:		
OCCUPAT	TION (student / jo	b if employed):	
PRESENT	ING PROBLEM (Be as specific as	you can: When did it start, how does it affect you.):
Estimate th	e severity of the a	bove problem:	
Mild	Moderate	Severe	Very severe
CURRENT	: Marital status:		
Live with someone:			
Name:			
Years:			



FAMILY MEDICAL HISTORY (Describe any <u>illness</u> that runs in the family: cancer, epilepsy, etc.):
FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):
PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated number of sessions, therapist's name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship, how helpful the therapy was, and how/why it ended.):
DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):
IF PARENTS ARE DIVORCED:
Your age at the time:
Describe how it affected you at the time:
ESTIMATE HOW MANY HOURS/DAY YOU SPEND ONLINE:
Facebook: YouTube: Games: Browsing: Twitter: Shopping: Other:
FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalization/treatment programs, abuse, etc.):
What gives you most joy or pleasure in your life?
What are your main worries and fears?
What are your most important hopes or dreams?

ARE YOU PRESENTLY INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL

LITIGATION, LAW-SUITES OR DIVORCE AND CUSTOY DISPUTES? YES / NO

(if you answer Yes, please, explain.):

ANYTHING ELSE YOU WOULD LIKE TO RECORD OR FURTHER DESCRIBE: