



Veronica Wolf Counseling, LLC
Phone: 531-600-9584
Fax: 531-329-6807
Email: veronica@veronicawolfcounseling.com
Website: www.veronicawolfcounseling.com

Client Information

Client Name: _____

Date of Birth: _____ Age: _____ Client Code: _____ (*Office Use Only*)

Phone #: _____ Okay to leave voicemail? Text?

Address: _____
_____ Would you like to sign up for a quarterly e-newsletter delivered to your email?
 Yes No

Email: _____

Race/Ethnicity: _____ Spiritual/Religious Preference: _____

Gender: _____

Relationship Status: _____ Sexual Orientation: _____

Highest Grade Completed/Degree: _____

School/College: _____

Current Occupation: _____ Employer: _____

Employment Status: Employed Unemployed Other: _____

Emergency Contacts

Contact Name: _____

Relationship: _____ Phone #: _____

Address: _____

Email: _____

Contact Name: _____

Relationship: _____ Phone #: _____

Address: _____

Email: _____

| Please check if you have experienced or been diagnosed with any of the following. | | | | | | | |
|---|--|--------------|--|-------------------------|--|--------------------|--|
| Arthritis | | Cancer | | Diabetes | | Hearing Impairment | |
| Heart Attack | | Hepatitis | | High/Low Blood Pressure | | Kidney Disease | |
| Stroke | | Seizures | | Endometriosis | | Liver Disease | |
| Head Injury | | HIV | | STDs | | Lung Problems | |
| Thyroid | | Pancreatitis | | Chronic headaches | | Migraines | |
| Anemia | | Obesity | | Tuberculosis | | Vision Impairment | |
| Other (specify): | | | | | | | |

If yes to any of the above, what is the current status of the condition? _____

Current Medications:

| Name of Med | Dosage | Frequency | Start Date | Reason for Use |
|-------------|--------|-----------|------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Primary Reasons for Seeking Counseling: _____

Referred By: _____

Previous Counseling: Yes No Provider: _____

Progress: _____

Previous Mental Health Hospitalizations: Yes No Where?: _____

Reason: _____

Primary Care Physician: _____

Phone #: _____

Current Psychiatrist: _____

Phone #: _____

Would you like Veronica Wolf Counseling, LLC to file insurance claims for services provided: Yes No

Primary Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder Full Name: _____ DOB: _____

Relationship to Client: _____

Secondary Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder Full Name: _____ DOB: _____

Relationship to Client: _____

****Please Attach a Copy of Your Insurance Card(s)****

How did you hear about Veronica Wolf Counseling?

I attest to the accuracy of the information on this form to the best of my knowledge and understand it will be used by Veronica Wolf Counseling, LLC for the purposes related to my treatment.

Printed Client Name

Printed Guardian Name

Signature

Date

Signature

Date

Checklist of Concerns: mark all that apply

- Abortion
- Aging
- Alcohol or Drug Abuse/Addiction
- Anger
- Anxiety
- Attachment
- Bipolar Disorder
- Body Image
- Career Choices
- Codependency
- Concentration
- Communication Difficulties
- Compulsiveness
- Cultural Adjustment/Differences
- Decision Making
- Depression
- Discrimination
- Divorce/Breakup/Separation
- Dual Diagnosis
- Eating Disorders
- Emotional Abuse
- Emotional Disturbance
- Family Relationship Issues
- Family Planning
- Fear of Failure
- Feeling Scared
- Fertility Issues
- Friendship Issues
- Gambling Addiction
- Grief/Loss
- Guilt
- Hallucinations
- Homicidal Thoughts
- Identity
- Impulsiveness
- Infidelity

- Irritability
- Isolation
- Lack of Personal Boundaries
- LGBT Related Issues
- Life Transition
- Loneliness
- Mania
- Mood Swings
- Motherhood
- Oppression
- Paranoia
- Parenting
- Perfectionism
- Physical Abuse
- Postpartem Depression
- Pregnancy
- Prenatal Issues
- Psychosis
- Role Conflict
- Romantic Relationship Issues
- Self-harming Behaviors
- Self-Esteem
- Sexuality
- Sexual Abuse/Assault
- Sexual Harassment
- Sleep Problems
- Stress
- Suicidal Thoughts
- Trauma
- Unplanned Pregnancy
- Unresolved Childhood Issues
- Weight Concerns
- Women's Issues
- Work/Career Issues
- Other:
- Other:
- Other:

Please explain any checked boxes:
