Victoria Campbell, LMFT
Licensed Marriage and Family Therapist

Information Record

Identifying Information:

Name: _____

Address: _____

_____

Daytime Phone : _____
Cell☐ Home☐ Work☐
OK to leave messages at this number? Y☐ N☐

Nighttime Phone: _____
Cell☐ Home☐ Work☐
OK to leave messages at this number? Y☐ N☐

Date of Birth: _____

Occupation: _____

Other Members of Household
(Name/Age/Gender/Relation)

_____

_____

_____

What lead you to seek counseling right now?

_____

_____

_____

_____

_____

What are your goals for this counseling work?

_____

_____

_____

_____

_____

What else would you like me to know about you?

_____

_____

_____

_____

Health Information:

Have you seen a counselor or mental health professional before? Yes☐ No☐

Have you been diagnosed with a mental health condition before? Yes☐ No☐
If so, please state:

_____

Are you under the care of a physician, psychiatrist, or other healthcare practitioner?
Yes☐ No☐
If so, who:

_____

_____

Are you currently taking any medications?
Yes☐ No☐
If so, please state:

_____

_____

_____

Do you have thoughts or urges to hurt or kill yourself?
Yes☐ No☐
Do you have thoughts or urges to harm others?
Yes☐ No☐
Are you concerned about your alcohol/drug use?
Yes☐ No☐
How often do you drink alcohol?

_____

How often do you use recreational drugs – such as Pot, Cocaine, Meth, Heroin, Ecstasy, pills etc.?

_____

_____

_____

Please take a moment to let me know how you first heard about me?

- ❑ Internet search: _____
- ❑ Print advertisement: _____
- ❑ Professional referral (therapist, doctor, etc.):
  _____
- ❑ Word of mouth (friend, coworker, etc.):
  _____
- ❑ Other: _____