

Joyce M. Almerigi Counseling and Psychotherapy LLC

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Client Information

Welcome to my practice. Please fill out the following questions as completely as possible. I request this information to help us work together. Everything is confidential.

Name: _____

Date of birth: _____ Birthplace: _____

Ethnic Background: _____

Religious Affiliation/Spiritual Identification: _____

Address: _____

Street

City

State

Zip Code

Phone number where message can be left _____

Okay to leave message? Y ____ No ____

Email address _____

Please be aware that email may not be a confidential form of communication.

Okay to email? Y ____ No ____

In the case of emergency, who should I contact:

Name: _____ Relationship: _____

Phone number: _____ Alternate number: _____

How did you hear about my practice? Please circle source: physician, family, friend, Internet,
counselor, other _____

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Client Information

11/08/2019

Have you had previous counseling over the past two years?

N ____ Y ____

If yes, therapist/counselor name: _____

Are you currently seeing a counselor or psychiatrist? Y ____ N ____

Therapist/Counselor name: _____

If you've had or are currently seeing a counselor, what was/is helpful and what was/is not helpful?

What brings you into therapy today?

Relationship Status. Please circle: (single, married, partner, LGBTQ, other)

Please list children/age:

Please list any major illnesses, diseases, medical procedures, accidents or injuries, or other medical conditions.

Please list prescription or over-the-counter medication you take on a regular basis:

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Have you ever had suicidal thoughts? Y_____ N_____ If yes, please explain:

Have you ever had thoughts of harming another individual? Y_____ N_____ If yes, please explain:

History of Trauma or Abuse: Y_____ N _____ If yes, please explain:

Substance History: Y_____ N _____ If yes, please explain your current and past usage of substances (including alcohol, caffeine, tobacco, or illegal drugs).

What are your support systems?

Self-care - Hobbies/Activities (please list):

What are your strengths?

1. _____
2. _____
3. _____

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What are your goals for counseling?

1. _____
2. _____
3. _____

What will be different in your life that will tell you that this therapy has been successful?

Please indicate any other information you believe would be helpful for Joyce to know.

Family Mental Health History:

In the section below, please indicate if there is a family history of any of the following by filling in the family member's (mother, father, brother, sister, grandmother, etc.) relationship to you.

- Alcohol/Substance Abuse _____
- Anxiety _____
- Depression _____
- Domestic Violence _____
- Eating Disorder _____
- Obsessive Compulsive Disorder _____
- Schizophrenia/Psychosis _____
- Suicide _____

Client Signature: _____ Date: _____

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