

Carol Brill Counseling, LLC

Teen & Adult Counseling ~ High School, College & Career Services

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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/FEMALE:

DATE OF BIRTH/PLACE OF BIRTH:

AGE:

DOB:

ADDRESS:

TELEPHONE:

Home:

Office:

Fax:

Email:

HIGHEST GRADE/DEGREE:

DEGREE PURSUING:

ANTICIPATED GRADUATION DATE / LENGTH OF TIME IN COLLEGE STUDIES:

PERSON AND PHONE NO. TO CALL IN EMERGENCY:

REFERRAL SOURCE:

OCCUPATION (student / job if employed):

PRESENTING PROBLEM (Be as specific as you can: When did it start, how does it affect you.):

Estimate the severity of the above problem:

Mild

Moderate

Severe

Very severe

CURRENT: Marital status:

Live with someone:

Name:

Years:

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

PRESENT SPOUSE / PARTNER / RELATIONSHIP (questions relate to him/her):

Education:

Occupation:

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship.):

Father:

Mother:

Stepparents:

SIBLINGS (name/age, & brief statement about the relationship. If deceased: age and cause of death.):

MEDICAL DOCTOR/S (name /phone; local/distant):

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

Specify all MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (Describe: age, reasons, circumstances, how, etc.)

PAST LEGAL/LITIGATION HISTORY (Describe past incarcerations, lawsuits and other criminal or civil litigations.):

ARE YOU PRESENTLY INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION, LAW-SUITES OR DIVORCE AND CUSTODY DISPUTES? YES / NO
(if you answer *Yes*, please, explain.):

FAMILY MEDICAL HISTORY (Describe any illness 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?

ANYTHING ELSE YOU WOULD LIKE TO RECORD OR FURTHER DESCRIBE: