

JALU CREATIVE HEALING

New Clients

Welcome to JALU Creative Healing! Thank you for taking the time to fill out these important forms. The information you provide is confidential and will be helpful for your therapist to utilize when you meet. If you have questions, please don't hesitate to ask!

Today's date _____

Name _____ Age _____ Date of birth _____

Address _____

Ethnicity _____

Phone _____

Email _____

Occupation _____

Emergency contact (name, phone number)

Have you participated in therapy before? _____

If yes, how long? _____

Are you currently seeing a psychiatrist? _____

If yes, Did they give you any formal diagnosis? _____

Substance use / addiction history? _____

Legal involvement? _____

Medical Information:

Doctor's name and phone _____

Are you on any medication? _____

What brings you here today? _____

Check all that apply:

Frequently sad or depressed _____

Crying easily/often _____

Mood Swings _____

Overwhelming worries _____

Difficulty making decisions _____

Excessive gambling _____

Difficulty falling/staying asleep _____

Difficulty finishing tasks _____

Feel more talkative than usual _____

Unable to concentrate _____

Feeling restless or keyed up _____

Excessive spending/shopping _____

Lack of appetite/increased appetite _____

Restless unsatisfying sleep _____

Decreased need for sleep (less than 3 hours) _____

Significant change in weight _____

Muscle tension _____

Easily distracted _____

Low energy level/fatigue _____

Troubling thoughts about the past _____

Take too many risks _____

Feeling excessive guilt or shame _____

Nightmares _____

Unable to relax _____

Startle easily _____

Feeling different from most people _____

Irritable and/or short temper _____
Too neat and orderly _____
Easily upset or angered _____
Loss of interest in activities _____
Repeating certain behaviors over and over _____
Shy around others _____
Feeling hopeless _____
Thoughts to hurt self _____
Increasingly forgetful _____
Feeling worthless _____
Attempts to harm yourself _____
Strong fears _____
Difficulty getting and staying motivated _____
Thoughts to hurt others _____
Withdrawn/isolating self _____
Threats to hurt others _____
Grieving/loss _____

What are two goals you have in mind for therapy?

1. _____
2. _____

Family information:

Marital status _____

Who is living in the home? _____

Crisis Information:

Are you currently having any suicidal thoughts, feelings, or actions? _____

If yes, explain _____

Any current homicidal thoughts, feelings, or anger-control issues? _____

If yes, explain

Any hospitalizations, assault behaviors, or imprisonments? _____

If yes, explain _____

Thank you! I look forward to chatting in a bit more detail about if and how I can help.